

Instrument D

VIRTUAL REALITY SICKNESS QUESTIONNAIRE

Instructions: Circle how much each symptom below is affecting you right now.

- | | | | | |
|-------------------------------|-------------|---------------|-----------------|---------------|
| 1. General discomfort | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 2. Fatigue | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 3. Headache | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 4. Eye strain | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 5. Difficulty focusing | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 6. Fullness of the Head | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 7. Blurred vision | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 8. Dizziness with eyes closed | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |
| 9. *Vertigo | <u>None</u> | <u>Slight</u> | <u>Moderate</u> | <u>Severe</u> |

A = Sum of questions 1-4: _____ C = A/12 x 100: _____

B = Sum of questions 5-9: _____ D = B/15 x 100: _____

VRSQ Score = (C + D)/ 2: _____

Virtual Reality Sickness Questionnaire (VRSQ) is modified from the Simulator Sickness Questionnaire (SSQ).

Kim, H. K., Park, J., Choi, Y., & Choe, M. (2018). Virtual reality sickness questionnaire (VRSQ): Motion sickness measurement index in a virtual reality environment. *Applied ergonomics*, 69, 66-73.

Original version of Simulator Sickness Questionnaire (SSQ): Kennedy, R.S., Lane, N.E., Berbaum, K.S., & Lilienthal, M.G. (1993). Simulator Sickness Questionnaire: An enhanced method for quantifying simulator sickness. *International Journal of Aviation Psychology*, 3(3), 203-220.

Public reporting burden of this collection of information is estimated to average 1 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).