Virginia Tech Transportation Institute Human Factors in CMV ADS Simulator Sickness Questionnaire- Administered after initial 5-minute test drive.

Date:	Driver ID #						
			s in the table us	ing the scale below	Ν.		
Cir <u>cle v</u>	vhole numbers o	only.					
	0	1	2	3			
	None	Slight	Moderate	Severe			

SYMPTOM	RATING
General	
Discomfort	
Fatigue	
Headache	
Eye	
Strain	
Difficulty	
Focusing	
Increased	
Salivation	
Dry	
Mouth	
Sweating	
Nausea	
Difficulty Concentrating	
Fullness of	
Head	
Blurred	
Vision	
Dizzy (eyes	
open)	
Dizzy (eyes	
closed)	
Vertigo	
Stomach	
Awareness	
Burping	

Simulator	Sickness	Score:	

Periodic Simulator Health Checks

These questions will be asked between periodically throughout the study while participants take short breaks. These help identify if the participant does not feel the negative effects of simulator sickness.

Verbally ask the participant:

Are you feeling any of the following symptoms?

Nausea

General Discomfort

Stomach Awareness

Increased Salivation

Sweating

Difficulty Concentrating

Dizziness

Eyestrain

If yes to one or more: Ask the participant if they would like to take a short break (10-15 minutes), or if they need to leave. If possible, have the participant look at something far in the distance, at least 20 feet away.

If not: Ask them if they are ready to continue