**Virginia Tech Transportation Institute**

**Human Factors in CMV ADS**

**Simulator Sickness Questionnaire- Administered after initial 5-minute test drive.**

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**Date: \_\_\_\_\_\_\_\_\_\_ Driver ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please answer each of the statements in the table using the scale below. Circle whole numbers only.

**Chart, box and whisker chart

Description automatically generated**

|  |  |
| --- | --- |
| **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