**Under the Paperwork Reduction Act, a federal agency may not conduct or sponsor, and a person is not required to respond to collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control number. The OMB Control Number for this information collection is xxxx-xxxx (expiration date: MM/DD/YYYY). Public reporting for this collection of information is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Ave, S.E., Washington, DC, 20590**

**WeLLNESS Questionnaire**

Directions: Circle one option for each symptom to indicate whether that symptom applies to you right now.

1. General Discomfort None Slight Moderate Severe
2. Fatigue None Slight Moderate Severe
3. Headache None Slight Moderate Severe
4. Eye Strain None Slight Moderate Severe
5. Difficulty Focusing None Slight Moderate Severe
6. Salivation Increased None Slight Moderate Severe
7. Sweating None Slight Moderate Severe
8. Nausea None Slight Moderate Severe
9. Difficulty Concentrating None Slight Moderate Severe
10. \*“Fullness of the Head” None Slight Moderate Severe
11. Blurred Vision None Slight Moderate Severe
12. Dizziness with Eyes Open None Slight Moderate Severe
13. Dizziness with Eyes Closed None Slight Moderate Severe
14. \*\*Vertigo None Slight Moderate Severe
15. \*\*\*Stomach Awareness None Slight Moderate Severe
16. Burping None Slight Moderate Severe
17. Vomiting None Slight Moderate……...Severe
18. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ None Slight Moderate……...Severe

 \* Fullness of the head is an awareness of pressure in the head.

 \*\*Vertigo is experienced as loss of orientation with respect to vertical upright.

\*\*\*Stomach awareness is a feeling of discomfort which is just short of nausea.