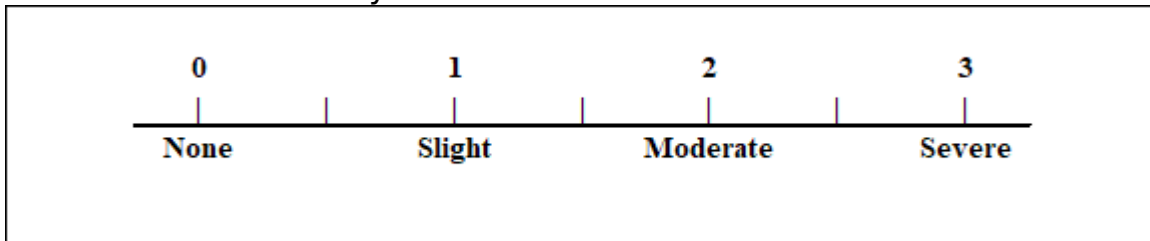


**Virginia Tech Transportation Institute
Human Factors in CMV ADS
Simulator Sickness Questionnaire- Administered after
initial 5-minute test drive.**

Date: _____ **Driver ID #** _____

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



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