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Pre-Study Questionnaire (NHTSA Form 2020)

Simulator Sickness (Pre-Study)

Please indicate the severity of symptoms that apply to you <u>right now</u> by circling the appropriate word.				
Symptom	0	1	2	3
a. General discomfort	None	Slight	Moderate	Severe
b. Fatigue	None	Slight	Moderate	Severe
c. Headache	None	Slight	Moderate	Severe
d. Eyestrain	None	Slight	Moderate	Severe
e. Difficulty focusing	None	Slight	Moderate	Severe
f. Increased salivation	None	Slight	Moderate	Severe
g. Sweating	None	Slight	Moderate	Severe
h. Nausea	None	Slight	Moderate	Severe
i. Difficulty concentrating	None	Slight	Moderate	Severe
j. Fullness of head	None	Slight	Moderate	Severe
k. Blurred vision	None	Slight	Moderate	Severe

l. Dizzy (eyes open)	None	Slight	Moderate	Severe
m. Dizzy (eyes closed)	None	Slight	Moderate	Severe
n. Vertigo*	None	Slight	Moderate	Severe
o. Stomach awareness**	None	Slight	Moderate	Severe
p. Burping	None	Slight	Moderate	Severe

* Vertigo is a loss of orientation with respect to vertical upright.

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

q. Are you in your usual state of health and fitness?	YES	NO	
r. a. Have you been ill in the past week?	YES	NO	
b. If yes, are you fully recovered?	YES	NO	N/A