Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a 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 21xx-xxx. The information collected in this study will be used to create a database of vehicle occupant body size, shape, and posture. The data will be used to improve vehicle safety. Public reporting for this collection of information is estimated to be approximately **2 minutes**, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are voluntary; all responses will be de-identified and confidential, per 45 CFR part 46. 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., Room W45-205, Washington, DC, 20590.

SIMULATOR SICKNESS QUESTIONNAIRE (SSQ)

PARTICIPANT NUMBER

Insert the participant number: *** must provide value**

[Insert participant number]

DATE

Enter today's date: *** must provide value**

[Enter today's date]

DRIVE TYPE

Enter the drive type: *** must provide value**

[Select one of the drives to be completed]

SSQ

* Vertigo is experienced as a loss of orientation when vertically upright

** Stomach Awareness is usually used to indicate a feeling of discomfort, which is just short for nausea

Symptom	**Severity**			
	None	**Slight**	**Moderate**	**Severe**
General Discomfort *** must provide value**	☐	☐	☐	☐
Fatigue *** must provide value**	☐	☐	☐	☐
Headache *** must**	☐	☐	☐	☐

Symptom	Severity			
	None	Slight	Moderate	Severe
provide value				
Eye Strain * must provide value	☐	☐	☐	☐
Difficulty Focusing * must provide value	☐	☐	☐	☐
Increased Salivation * must provide value	☐	☐	☐	☐
Sweating * must provide value	☐	☐	☐	☐
Nausea * must provide value	☐	☐	☐	☐
Difficulty Concentrating * must provide value	☐	☐	☐	☐
Fullness of the Head * must provide value	☐	☐	☐	☐
Blurred Vision * must provide value	☐	☐	☐	☐
Dizziness (eyes open) * must provide value	☐	☐	☐	☐
Dizziness (eyes closed) * must provide value	☐	☐	☐	☐
Vertigo** must provide value	☐	☐	☐	☐
Stomach Awareness** * must provide value	☐	☐	☐	☐
Burping * must provide value	☐	☐	☐	☐

This is the end of the questionnaire. The respondent next touches or clicks the button "Submit".
