

**Gender:** Female**Age:** 24**Do you have any neurological disturbances?**

Yes

No

**Have you played this game before?**

Yes

No

**Does this game remind you of any event in your memory? Yes**

No

**Please evaluate the following questions to 1-10.****How satisfied are you with the game you are playing? .....** 7**How boring was the game you played? .....** 2**How horrible was the game you played? .....** 1**How calm was the game you played? .....** 8**How funny was the game you played? .....** 8**If you have any comment, please write here .....**  
.....  
.....**SELF-ASSESSMENT MANIKIN**

Valence (Negative - Positive)



Arousal (Low - High)

