

# CSD 3120 - Team Project Simulation Sickness Questionnaire

Team 6

## Simulation Sickness Questionnaire

Kindly give us feedback on the virtual application we have developed!

**Name**

First Name      Last Name

**Type a question**

	None	Mild	Considerable	Severe
General Discomfort				
Fatigue				
Headache				
Eyestrain				
Difficulty Focusing				
Increased Salivation				
Sweating				
Nausea				
Difficulty Concentrating				
Fullness of Head				
Blurred Vision				
Dizzy (eyes open)				
Dizzy (eyes closed)				
Vertigo				
Stomach Awareness				
Burping				

**Any additional comments about our application?**

