

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?

