

Driving Simulation Experiment: Driver Adverse Reaction Assessment

Description: This questionnaire is designed to assess the driving experience and any adverse reactions following the driving simulation experiment. Please answer truthfully based on your immediate feelings.

Part 1: General Information & Scenario Setup

1. Participant ID: [_____]

2. Is this your first time filling out this questionnaire?

- Yes
- No

3. Type of Driving Scenario:

- Free Lane Change
- Mandatory Lane Change

4. Scenario ID: (*Answer only if you selected "No" in Question 2*)

[_____]

Part 2: Driving Maneuver Assessment

5. Did you perform a lane change maneuver during this experiment?

- Yes
- No

[If "Yes" to Q5, please answer Q6 - Q8]

6. How safe did you feel during the lane change process?

(1 = Not safe at all, 5 = Very safe)

- 1
- 2
- 3

4

5

7. How comfortable did you feel during the lane change process?

(1 = Not comfortable at all, 5 = Very comfortable)

1

2

3

4

5

8. How easy was the driving task during the lane change process?

(1 = Not easy at all/Very difficult, 5 = Very easy)

1

2

3

4

5

[If "No" to Q5, please answer Q9]

9. Did you have the intention to change lanes during this experiment?

Yes (Wanted to change lanes but never executed it)

No (Never had the intention to change lanes)

[If "Yes" to Q9, please answer Q10]

10. What were your reasons for abandoning the lane change? (Select all that apply)

Felt unsafe

Felt difficult to maneuver

Other

Part 3: Simulator Sickness Questionnaire (SSQ)

Instructions: Please indicate the severity of the following symptoms you are currently experiencing.

(Scale: None, Slight, Moderate, Severe)

11. General Discomfort

- None
- Slight
- Moderate
- Severe

12. Fatigue

- None
- Slight
- Moderate
- Severe

13. Headache

- None
- Slight
- Moderate
- Severe

14. Eye Strain (Eyestrain)

- None
- Slight
- Moderate
- Severe

15. Difficulty Focusing (Difficulty Concentrating)

- None
- Slight
- Moderate
- Severe

16. Increased Salivation

- None
- Slight
- Moderate
- Severe

17. Sweating

- None
- Slight
- Moderate
- Severe

18. Nausea

- None
- Slight
- Moderate
- Severe

19. Head Fullness

- None
- Slight
- Moderate
- Severe

20. Blurred Vision

- None
- Slight
- Moderate
- Severe

21. Vertigo

(Sensation that the environment is spinning or moving, distinct from dizziness)

- None Slight Moderate Severe

22. Dizziness (with eyes open)

(Feeling of lightheadedness or unsteadiness, without the sensation of the environment moving)

- None Slight Moderate Severe

23. Dizziness (with eyes closed)

(Feeling of lightheadedness or unsteadiness, without the sensation of the environment moving)

- None Slight Moderate Severe

24. Stomach Awareness (Stomach Discomfort)

- None Slight Moderate Severe

25. Burping

- None Slight Moderate Severe