

# 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.

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## 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)*

[ \_\_\_\_\_ ]

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## 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

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### **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