

Table 1: Simulator Sickness Questionnaire (SSQ)

Circle how much each symptom below is affecting you **right now**.

1. General Discomfort	None	Slight	Moderate	Severe
2. Fatigue	None	Slight	Moderate	Severe
3. Headache	None	Slight	Moderate	Severe
4. Eye strain	None	Slight	Moderate	Severe
5. Difficulty focusing	None	Slight	Moderate	Severe
6. Increased salivation	None	Slight	Moderate	Severe
7. Sweating	None	Slight	Moderate	Severe
8. Nausea	None	Slight	Moderate	Severe
9. Difficulty concentrating	None	Slight	Moderate	Severe
10. "Fullness of the head"	None	Slight	Moderate	Severe
11. Blurred vision	None	Slight	Moderate	Severe
12. Dizzy (eyes open)	None	Slight	Moderate	Severe
13. Dizzy (eyes closed)	None	Slight	Moderate	Severe
14. Vertigo (Giddiness)	None	Slight	Moderate	Severe
15. Stomach awareness	None	Slight	Moderate	Severe
16. Burping	None	Slight	Moderate	Severe