**Simulator Sickness Questionnaire (SSQ) 晕动症问卷**

感谢您参与本实验！我们是香港科技大学(广州) Interactive Man-Machine Intelligence 实验室的研究组。本研究已获香港科技大学(广州) 学术伦理审批，数据仅用于科学研究，不会以任何方式泄露个人信息。

1. 编号 [填空题] \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 组别 [单选题] \*

|  |
| --- |
| ○A |
| ○B |

3. 实验次数 [单选题] \*

|  |
| --- |
| ○第一次 |
| ○第二次 |

请根据**此时此刻的**身体感觉，对以下症状进行评分：

4. 一般性的不适感（全身整体感觉）

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

5. 疲劳

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

6. 头痛

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

7. 眼睛疲劳

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

8. 眼睛难以聚焦

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

9. 唾液分泌增加

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

10. 出汗

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

11. 恶心

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

12. 难以集中注意力

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

13. 感到头重

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

14. 视力模糊

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

15. 睁眼时感到头晕

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

16. 闭眼时感到头晕

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

17. 眩晕（失去方向感，无法稳定笔直站立）

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

18. 胃部不适（上腹部感到震动或者想吐的感觉）

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |

19. 打嗝

从左至右依次为：无，轻微，中度和严重

[单选题] \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 无 | ○0 | ○1 | ○2 | ○3 | 严重 |