

Simulator Sickness Questionnaire

Number	Question	Severity Scale
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 head	None - Slight - Moderate - Severe
11	Blurred vision	None - Slight - Moderate - Severe
12	Dizziness (eyes open)	None - Slight - Moderate - Severe
13	Dizziness (eyes closed)	None - Slight - Moderate - Severe
14	Vertigo	None - Slight - Moderate - Severe
15	Stomach awareness	None - Slight - Moderate - Severe
16	Burping	None - Slight - Moderate - Severe