

**Gender:** Female

**Age:** 22

**Do you have any neurological disturbances?** Yes ☐ No ☒

**Have you played this game before?** Yes ☐ No ☐

**Does this game remind you of any event in your memory?** Yes ☐ No ☐

**Please evaluate the following questions to 1-10.**

How satisfied are you with the game you are playing? .....1.....

How boring was the game you played? .....1.....

How horrible was the game you played? .....10.....

How calm was the game you played? .....2.....

How funny was the game you played? .....1.....

**If you have any comment, please write here .....**

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**SELF-ASSESSMENT MANIKIN**

