No: Date

Simulator Sickness Questionnaire

*Kennedy, Robert S., et al.*

Instructions: 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. Salivation increasing 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 None Slight Moderate Severe
15. Stomach awareness None Slight Moderate Severe
16. Burping None Slight Moderate Severe

*Kennedy, Robert S., et al. "Simulator sickness questionnaire: An enhanced method for quantifying simulator sickness." The international journal of aviation psychology 3.3 (1993): 203-220.*