

Date _____

Simulator Sickness Questionnaire

Participant _____
SSQ-X

Are you motion sick now? Circle YES or NO

Circle how much each symptom below is affecting you now.

0 = “not at all”

1 = “mild”

2 = “moderate”

3 = “severe”

- | | | | | |
|-----------------------------|---|---|---|---|
| 1. General discomfort | 0 | 1 | 2 | 3 |
| 2. Fatigue | 0 | 1 | 2 | 3 |
| 3. Headache | 0 | 1 | 2 | 3 |
| 4. Eyestrain | 0 | 1 | 2 | 3 |
| 5. Difficulty focusing | 0 | 1 | 2 | 3 |
| 6. Increased salivation | 0 | 1 | 2 | 3 |
| 7. Sweating | 0 | 1 | 2 | 3 |
| 8. Nausea | 0 | 1 | 2 | 3 |
| 9. Difficulty concentrating | 0 | 1 | 2 | 3 |
| 10. Fullness of head | 0 | 1 | 2 | 3 |
| 11. Blurred vision | 0 | 1 | 2 | 3 |
| 12. Dizziness (eyes open) | 0 | 1 | 2 | 3 |
| 13. Dizziness (eyes closed) | 0 | 1 | 2 | 3 |
| 14. Vertigo* | 0 | 1 | 2 | 3 |
| 15. Stomach awareness** | 0 | 1 | 2 | 3 |
| 16. Burping | 0 | 1 | 2 | 3 |

*Vertigo is experienced as loss of orientation with respect to vertical upright

**Stomach awareness is usually used to indicate a feeling of discomfort that is just short of nausea.