

Visually Induced Motion Sickness Susceptibility Questionnaire (VIMSSQ)

This questionnaire is designed to measure your experience with different visual display or entertainment devices and if they ever caused discomfort.

Visual display or entertainment devices include Movie Theatre or Cinema, Smartphones & Tablets with movies or games, Video games, Virtual Reality Glasses or Head Mounted Displays, Simulators, Large Public Moving Display Advertising or Information Screens.

Please answer these questions solely with respect to your experiences during adulthood (older than 18 years) and ignore childhood experiences.

Q1. How often have you experienced each of the following symptoms when using any of these devices? (circle your response)

Nausea	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
Headache	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
Dizziness	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
Fatigue	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>
Eye-Strain	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>

Q2. Have any of these symptoms **stopped** you using any of these devices or made you **avoid** viewing such displays? (circle your response)

Never *Rarely* *Sometimes* *Often*

Q3. If you have answered stopped or avoided, please list the devices or displays that you avoid:

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