

Chicago Dizziness and Hearing Simulator Sickness Questionnaire*

Name : _____

Date : _____

Instructions: Circle how much each symptom below is affecting you right now.

General discomfort	None	Slight	Moderate	Severe
Fatigue	None	Slight	Moderate	Severe
Headache	None	Slight	Moderate	Severe
Eye strain	None	Slight	Moderate	Severe
Difficulty focusing	None	Slight	Moderate	Severe
Salivation increasing	None	Slight	Moderate	Severe
Sweating	None	Slight	Moderate	Severe
Nausea	None	Slight	Moderate	Severe
Difficulty concentrating	None	Slight	Moderate	Severe
Fullness of the head	None	Slight	Moderate	Severe
Blurred vision	None	Slight	Moderate	Severe
Dizziness with eyes open	None	Slight	Moderate	Severe
Dizziness with eyes closed	None	Slight	Moderate	Severe
**Vertigo	None	Slight	Moderate	Severe
***Stomach awareness	None	Slight	Moderate	Severe
Burping	None	Slight	Moderate	Severe

*Original version: Kennedy, R.S., Lane, N.E., Berbaum, K.S., & Lilienthal, M.G. (1993).
Simulator sickness Questionnaire: An enhanced method for quantifying simulator sickness.
International Journal of Aviation Psychology, 3(3), 203-220.

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

***Stomach awareness is usually use to indicate a feeling of discomfort which is just short of nausea