

Appendix B. Motion sickness susceptibility questionnaire.

INSTRUCTIONS

This questionnaire is primarily concerned with: (i) your susceptibility to motion sickness and, (ii) what types of motion are most effective in causing this sickness.

Please read the questions carefully and answer them **ALL** by either TICKING or FILLING IN the boxes which most closely correspond to you as an individual.

All the information you give is CONFIDENTIAL and will be used for research purposes only.

Thank you very much for your co-operation.

NAME _____ AGE _____ SEAT NUMBER _____

APPROXIMATE BODY WEIGHT _____ HEIGHT _____

1. In the past **YEAR**, how many times have you travelled **AS A PASSENGER** in the following types of transport?

	NEVER	1	2-3	4-15	16-63	64-255	256+
CARS							
BUSES							
COACHES							
SMALL BOATS							
SHIPS							
AEROPLANES							
TRAINS							

2. In the past **YEAR**, how many times have you felt ill, whilst travelling **ASA PASSENGER** in the following types of transport?

	NEVER	1	2	3	4-7	8-15	16+
CARS							
BUSES							
COACHES							
SMALL BOATS							
SHIPS							
AEROPLANES							
TRAINS							

3. In the past **YEAR**, how many times have you **VOMITED** whilst travelling **ASA PASSENGER** in the following types of transport?

	NEVER	1	2	3	4-7	8-15	16+
CARS							
BUSES							
COACHES							
SMALL BOATS							
SHIPS							
AEROPLANES							
TRAINS							

4. Do you **EVER** feel HOT or SWEAT whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you **EVER** suffer from HEADACHES whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you **EVER** suffer from LOSS/CHANGE OF SKIN COLOUR (go pale) whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you **EVER** suffer from MOUTH WATERING whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you **EVER** feel DROWSY whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you **EVER** feel DIZZY whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you **EVER** suffer from NAUSEA (stomach discomfort, feeling sick) whilst travelling **AS A PASSENGER** in the following types of transport?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Have you **EVER** VOMITED whilst travelling **AS A PASSENGER** in the following types of transport?

	YES	NO	DON'T KNOW
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Would you avoid any of the following types of transport because of motion sickness?

	NEVER	OCCASIONALLY	OFTEN	ALWAYS
CARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMALL BOATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AEROPLANES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Which of the following best describes your SUSCEPTIBILITY to motion sickness?

- MUCH LESS THAN AVERAGE
- LESS THAN AVERAGE
- AVERAGE
- MORE THAN AVERAGE
- MUCH MORE THAN AVERAGE

14. Have you ever suffered from any serious illness or injury?

YES

NO

15. Are you under medical treatment or suffering a disability affecting daily life?

YES

NO