

**Appendix 1 Presence Questionnaire**

*<Presence Questionnaire>*

The following questions are about how you feel after watching a virtual reality video. Please read each sentence carefully and check the number you think represents the state you are feeling at this moment.

1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7  
 Not at      Mostly      A little bit      Neutral      A little true      Mostly true      Very true  
 all true      not true      not true

Question	
1	The objects in virtual reality felt as if they were real. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
2	The scenery in virtual reality felt as if it were real. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
3	I felt as if I could grab an object in virtual reality. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
4	It felt like I was actually having the experience in the virtual reality. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
5	It was as if I was seeing what the person in the virtual reality was seeing. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
6	When the person in the virtual reality moved, I felt that I moved too. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
7	It was as if the characters in the virtual reality were actually in front of me. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
8	I felt like people in virtual reality were real people. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
9	I felt as if I was in the same space as the people in the virtual reality. 1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5 . . . . . 6 . . . . . 7
Total score	

## Appendix 2 Simulator Sickness Questionnaire

	SSQ symptoms	Weight		
		N	O	D
1	General discomfort	1	1	
2	Fatigue		1	
3	Headache		1	
4	Eye strain		1	
5	Difficulty focusing		1	1
6	Increased salivation	1		
7	Sweating	1		
8	Nausea	1		1
9	Difficulty concentrating	1	1	
10	Fullness of head			1
11	Blurred vision		1	1
12	Dizzy (eyes open)			1
13	Dizzy (eyes closed)			1
14	Vertigo			1
15	Stomach awareness	1		
16	Burping	1		
	Total	[1]	[2]	[3]