

**Gender:** Female

**Age:** 24

Do you have any neurological disturbances?	Yes	<input type="radio"/>	No	<input checked="" type="radio"/>
Have you played this game before?	Yes	<input type="radio"/>	No	<input checked="" type="radio"/>
Does this game remind you of any event in your memory?	Yes	<input type="radio"/>	No	<input checked="" type="radio"/>

Please evaluate the following questions to 1-10.

How <u>satisfied</u> are you with the game you are playing?	.....2.....
How <u>boring</u> was the game you played?	.....8.....
How <u>horrible</u> was the game you played?	.....1.....
How <u>calm</u> was the game you played?	.....3.....
How <u>funny</u> was the game you played?	.....2.....

If you have any comment, please write here .....

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**SELF-ASSESSMENT MANIKIN**

