

**Gender:** Female

**Age:** 24

Do you have any neurological disturbances? Yes  No

Have you played this game before? Yes  No

Does this game remind you of any event in your memory? Yes  No

Please evaluate the following questions to 1-10.

How **satisfied** are you with the game you are playing? ..... 7

How **boring** was the game you played? ..... 2

How **horrible** was the game you played? ..... 1

How **calm** was the game you played? ..... 8

How **funny** was the game you played? ..... 8

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

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**SELF-ASSESSMENT MANIKIN**

