

**Gender:** Female

**Age:** 25

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

Please evaluate the following questions to 1-10.

How <b>satisfied</b> are you with the game you are playing?	.....	7
How <b>boring</b> was the game you played?	.....	2
How <b>horrible</b> was the game you played?	.....	1
How <b>calm</b> was the game you played?	.....	3
How <b>funny</b> was the game you played?	.....	8

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

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**SELF-ASSESSMENT MANIKIN**

