

**Gender:** Female

**Age:** 21

**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? ..... 1

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

How **calm** was the game you played? ..... 7

How **funny** was the game you played? ..... 3

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

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**SELF-ASSESSMENT MANIKIN**

