

**Gender:** Female

**Age:** 21

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

Please evaluate the following questions to 1-10.

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

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

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**SELF-ASSESSMENT MANIKIN**

