

Study _____

Date _____

Condition _____

Participant ID _____

VISUAL FATIGUE QUESTIONNAIRE

[Heuer et al. \(1989\)](#) • Prepared by the [Inclusive Interaction Lab](#)

The following are 10-point Likert scale questions that contain statements. Please respond by marking the answer you think best describes your feelings.

I have difficulties in seeing.

1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>									<i>Very much</i>

I have a strange feeling around my eyes.

1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>									<i>Very much</i>

My eyes feel tired.

1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>									<i>Very much</i>

I feel numb.

1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>									<i>Very much</i>

I have a headache.

1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>									<i>Very much</i>

I feel dizzy looking at the screen.

1	2	3	4	5	6	7	8	9	10
<i>Not at all</i>									<i>Very much</i>