THE DIAL TEST: A STANDARDIZED PROCEDURE FOR THE EXPERIMENTAL PRODUCTION OF CANAL SICKNESS SYMPTOMATOLOGY IN A ROTATING ENVIRONMENT

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UNITED STATES NAVAL SCHOOL OF AVIATION MEDICINE
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U. S. NAVAL SCHOOL OF AVIATION MEDICINE
U. S. NAVAL AVIATION MEDICAL CENTER
PENSACOLA, FLORIDA
THE PROBLEM

Exposure to angular velocities in the Slow Rotation Room with accompanying head movements gives rise to a constellation of symptoms collectively termed canal sickness. In previous investigations head and body movements were largely uncontrolled. Thus the need arose for a method of forcing specific head and body movements and for normative data on such a standardized procedure. A secondary problem dealt with the interrelationships of performance on this then standardized canal sickness procedure (the Dial Test) and two indices of the positive function of the semicircular canals (Modified Romberg and Coriolis Illusion). The third part of the study related subjects' responses to a motion sickness questionnaire (MSQ) with their susceptibility to canal sickness.

FINDINGS

This report is in three parts: Part 1 describes the standardization study which suggested that the Dial Test should be performed during rotation at 7.5 RPM for twenty sequences of five dial settings with a six-second interval between each setting and a six-second interval between sequences. Incoming flight students, proficiency billet aviators, and test pilots, respectively, were then exposed to this experimental condition. Statistical differences were found between mean performances of each group, with the test pilots least and the flight students most susceptible. These findings are ascribed to differences in habituation and to natural selection.

Parts 2 and 3 report the correlations between Dial Test scores and the Modified Romberg and the Coriolis Illusion, and with scores from a Motion Sickness Questionnaire. Modified Romberg scores (postural equilibrium) had a small but significant (5% level) relationship with Dial Test scores for the "incoming flight student" group, and this relationship was almost significant for the "proficiency billet aviator" group. Coriolis Illusion scores were not significantly related to Dial Test scores but were in the predicted direction. A more sensitive and reliable test of postural equilibrium may augment the relationships observed here; and to a lesser extent a better test of the Coriolis Illusion might also produce significant relationships with Dial Test scores, but the data from these experiments provide less support for this latter thesis. Statistically significant relationships were obtained between Dial Test score (canal sickness susceptibility) and scores from two keys to the Motion Sickness Questionnaire; these need cross-validation, however.
INTRODUCTION

Symptoms of motion sickness have been reported under many conditions: on ships (3, 4, 26), aircraft (7, 14), carnival devices (5), and include the discomfort experienced by astronauts adrift at sea in their space capsules (24) and the experience of naive camel riders (25). In addition, the experimental production of motion sickness has a long history, numerous devices having been used to produce sickness. These range from elaborate rotating devices (18) and vertical accelerators (1, 2) to inverted prism spectacles used with rocking chairs (23).

Within these environments the significance of head movements in imparting stimuli to the vestibular apparatus has been emphasized by Johnson et al. (19). That the genesis for the reaction known as motion sickness is in the vestibular apparatus appears to have been well demonstrated by the complete absence of these symptoms in persons with bilateral labyrinthine defects (10, 20), and there is evidence that even partially depressed vestibular function affords some protection (13). The terms vestibular sickness (8) and canal sickness (12) have been suggested for this malady.

The present study is concerned with setting forth the procedures used in a new test—the Dial Test—for motion sickness and for reporting the comparative performances on this test of different groups of individuals. A secondary purpose was to discover the relationships between semicircular canal function as measured by performance on the Dial Test, by a modified Romberg test, by the Coriolis illusion, and by response to a motion sickness questionnaire.

These studies were conducted on the Pensacola Slow Rotation Room (SRR), a circular, windowless room 15 feet in diameter. A more detailed description of this device appears in separate reports (6, 12). The major feature of this device, with respect to motion sickness studies, is that a subject within the room is aware of the motion of the room only through the vestibular apparatus and his proprioceptors. These modalities provide information when the subject moves his head and body incidental to the room's rotation. There are no visual, auditory, or other sense cues to the rotation of the room. Further, head movements within the room cause gyroscopic torques to impinge in an unusual fashion upon the vestibular apparatus and specifically to the semicircular canal system (16). Canal sickness in this environment has been shown to be related to other forms of motion sickness (21).

PART 1: STANDARDIZATION OF THE DIAL TEST

This part describes a developmental study to identify an optimum Dial Test procedure, and the results of using the procedure on three groups with differing aviation experience.
THE DIAL TEST

The basic procedure required that the subject execute a prescribed number of head and body movements by setting, upon command, five dials mounted in various positions around him. The subject was always seated 3.5 feet from the center of rotation of the room, in a comfortable chair. As shown in Figure 1, the dials were located: 1) above and to the left; 2) above, forward and to the right; 3) down and far left; 4) overhead and behind; 5) down, back and to the left. Their distances as measured from the center of the subject's head while he was seated upright were 28, 36, 48, 18, and 37 inches, respectively. The setting of each of these five dials in turn is referred to here as "one sequence." The subjects were ordered to the task and paced by numbers announced by a tape recording.

The problem was to determine that combination of rotational velocity of the room, time between dial settings, and number of sequences to be performed which would yield the best measure of susceptibility to motion sickness.

Four healthy young men were exposed to 15 experimental conditions each, in which rotational velocities of 1.0, 3.2, 5.4, 7.5, and 10.0 RPM were combined with times between settings of 4, 6, or 8 seconds. The order of their exposure was random. They were told to complete as many sequences as possible to a maximum of fifty, unless they felt that, "by continuing you will vomit."

The two lower RPM's were not sufficiently stressing, in that all four men completed all fifty sequences at all three intervals. At the other extreme 10.0 RPM was too stressful, in that at least one subject failed to complete the first sequence at all three time intervals. At between 5.4 RPM and 7.5 RPM, fifty sequences appeared necessary to provoke sickness in all subjects at the lower RPM, while twenty seemed an adequate standard at the higher.

As to the intervals between settings, it was found that the six-second interval produced motion sickness more rapidly than did either the four or eight second. The lower incidence at the eight-second interval was expected, since the longer interval permitted slower head movements, but the lower incidence at four seconds deserves comment. It was the impression of the on-board observer that at the four-second interval, the subjects had to exert maximum concentration to even come close to the correct dial settings before the next signal, and that they were perhaps too busy to reflect on their symptoms. A somewhat analogous observation was made by Guedry (15) when he suggested that the difference in sickness rate between groups exposed with and without vision is a result of higher levels of mental activity. Anecdotally, sailors claim they are less prone to seasickness when "there is green water over the bow," and aviators express similar feelings about being busy during turbulence or acrobatics. But these relationships of mental activity to motion sickness need additional study.
The Dial Test was then administered to three groups of subjects of varying amounts of aviation experience. Group 1 were 100 incoming flight students. Group 2 were 40 experienced aviators assigned to the U.S. Naval School, Pre-Flight as academic instructors. While experienced, they were currently flying little more than the four hours per month required to maintain their proficiency rating. The third group were 25 aviators who were recent graduates of Test Pilot school and whose present duties required them to fly almost daily in high performance, highly maneuverable aircraft.

The members of each group were required to set twenty sequences with six-second intervals between settings and the SRR running at 7.5 RPM.

**Results**

Table I shows the results. The mean numbers of sequences completed and the percentages that became motion sick are in accord with the experience levels of the groups. The Dial Test performance of the test pilots exceeds that of the academic instructors by an amount that is statistically significant at the .02 level, and exceeds that of the students by an amount significant at the .001 level.

**Table I**

Means, Standard Deviations, Percentage Sick, and Percentage Vomiting in Three Groups of Naval Aviation Personnel

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Dial Test Score</td>
<td>12.48</td>
<td>15.63</td>
<td>19.44</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>7.04</td>
<td>7.13</td>
<td>2.74</td>
</tr>
<tr>
<td>Percentage Sick</td>
<td>70</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Percentage Vomiting</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td>40</td>
<td>25</td>
</tr>
</tbody>
</table>
It is the authors' opinion that the differences among these three groups may be accounted for both by natural selection and by habituation. First, one might expect that among trainees, those who are most susceptible will tend to leave aviation, and of those who continue, the most susceptible will not apply for test pilot training. These group differences should then be accentuated by the groups' current experiences, since it is known that tolerance increases with exposure.

PART 2. RELATIONSHIPS OF A MODIFIED ROMBERG AND CORIOLIS ILLUSION PERCEPTION TO THE DIAL TEST

This part of the experiment was concerned with relating performances on the Dial Test to two tests of the positive function of the vestibular apparatus: 1) modified Romberg and 2) Coriolis illusion.

MODIFIED ROMBERG TEST

In this test the subject was requested to stand on his preferred foot as steadily as he could with eyes closed for thirty seconds. After a rest he was asked to perform the same task on the other foot. The subject was scored on the following basis: The number of seconds he stood without falling (or putting his foot down) to a maximum of thirty seconds except that if he fell within thirty seconds, he was given three trials, and his best trial was his score, according to the following scale:

1. Slight body sway, no foot movement.
2. Definite sway of small amount, no foot movement.
3. Substantial sway but no foot movement.
4. Substantial body sway and foot is moved.
5. Substantial body sway and other foot put down to prevent fall.

CORIOLIS ILLUSION

The Coriolis illusion is a specialized type of the oculogyral illusion (9) which occurs when an unadapted person with functional semicircular canals tilts his head in one plane while he is passively rotated in another. For the Coriolis illusion test the subject was seated in a chair 3 feet from the center column of the SRR. In front of the subject was a bite board on a swivel which in turn was mounted on a brace. When the subject fixed his head by biting on the board, he was able to turn his head through 150° of arc laterally, 75° either way. A peg could be set in at 15° intervals so as to restrict the excursion to narrower settings.

In an attempt to maximize the perception of the illusion preliminary tests were performed using four subjects. Two target lights were boxes with perforations along each visible edge, lighted from within. Each was mounted so as to produce a three-dimensional figure when viewed in a darkened room. (Three-dimensional figures were
used to eliminate the possible influence of autokinesis.) Rheostats were connected to the light inside the box. One box was 6 inches square and the other a rectangle (7' x 7' x 9"). Both were mounted at eye level 8 feet from the subject. The variables under consideration were: 1) speed of rotation (5 to 10 RPM); 2) speed of head movement (0.5 - 4 seconds); 3) degree of head movement (15° - 75°); 4) size of target; 5) intensity of target light (very dim through very bright). The subjects were asked to estimate the number of inches the target appeared to be displaced, as well as the direction of the movement. Each testing session consisted of four head movements (right, return, left, return). The subject's score was the average of these four estimations.

The results of these preliminary tests appeared to suggest that when the head was moved: a) 45° in b) 1.5 seconds while the c) square box was d) dimly lit and e) the rotational velocity of the SRR was 6.5 RPM, the perceived illusion was maximal. This procedure was then followed when the subjects in groups 1, 2, and 3 were tested for the illusion.

Results

Table II contains the results of the modified Romberg for groups 1 and 2 and the Coriolis illusion for groups 1, 2, and 3. (A time stress prevented group 3 from taking the Romberg Test.)

<table>
<thead>
<tr>
<th></th>
<th>Group 1</th>
<th></th>
<th>Group 2</th>
<th></th>
<th>Group 3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rom</td>
<td>CI</td>
<td>Rom</td>
<td>CI</td>
<td>Cl</td>
<td>CI</td>
</tr>
<tr>
<td>Mean</td>
<td>2.86</td>
<td>10.60</td>
<td>2.46</td>
<td>19.71</td>
<td>18.71</td>
<td></td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>0.88</td>
<td>12.31</td>
<td>1.22</td>
<td>13.41</td>
<td>11.41</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>100</td>
<td></td>
<td>40</td>
<td></td>
<td>25</td>
<td></td>
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</tbody>
</table>

* Higher velocities (viz., 10 RPM) did in fact produce a greater magnitude of the illusion but also produced vestibular sickness prior to completion of the test.
Mean Coriolis illusion score was higher in the aviator groups than in the student group, and mean differences were significant between groups 1 and 2 and groups 1 and 3 ($\alpha = .001$) but not between groups 2 and 3 ($\alpha = .5$). Romberg performance scores differed significantly ($\alpha = .05$) between groups 1 and 2.

The correlations of these two measures to Dolo Test score for groups 1 and 2 appear in Table III. Correlations were not performed for group 3 since 24 of 25 subjects completed the 20 sequences, and thus no range of scores was available.

Table III

Correlations Between Dial Test Score and Modified Romberg and Coriolis Illusion Performance for Two Groups of Naval Aviation Personnel

<table>
<thead>
<tr>
<th>Modified Romberg</th>
<th>Dial Test Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Group 2</td>
</tr>
<tr>
<td>Group 1</td>
<td>Group 2</td>
</tr>
<tr>
<td>Modified Romberg</td>
<td>.21*</td>
</tr>
<tr>
<td>Coriolis Illusion</td>
<td>-.06</td>
</tr>
<tr>
<td></td>
<td>-.18</td>
</tr>
<tr>
<td></td>
<td>-.11</td>
</tr>
<tr>
<td></td>
<td>-.04</td>
</tr>
</tbody>
</table>

* .05 Level of significance.

The correlation between Dial Test score and modified Romberg is significant at the .05 level for group 1 (and insignificant but in the predicted direction for group 2). This appears to demonstrate at least some tendency for canal sickness susceptibility to be related to postural equilibrium: the better the equilibrium, the more tendency toward susceptibility. There were no other significant correlations.

COMMENT

It is not known whether the group differences in magnitude of Coriolis illusion perception are the result of age or of increased sophistication in making these types of estimations. It is true that aviators frequently make similar types of estimations in night flying, and these data may reflect this ability. The main purpose of this part of the study was to determine the relationships, if any, of two tests which may be indices of the positive function of the semicircular canal system. If performance on a modified Romberg and the Coriolis illusion could be shown to be related to susceptibility to canal sickness, these tests might prove valuable assets in the prediction and understanding of this malady. Additionally, it seemed reasonable to investigate whether a low semicircular canal sensitivity as measured by these tests afforded some protection from
canal sickness. The difficulties associated with the perception and report of the Coriolis illusion have been commented on elsewhere (22). It was hoped that with a more valid and reliable method of scoring this phenomenon, significant relationships could be obtained; however, the data from the present experiment show no statistically significant relationship. That only a moderate relationship between Coriolis nystagmus and susceptibility to canal sickness has been found (17) lends support to the findings of the present experiment and indicates a need for further research. The results of the modified Romberg test, however, suggest that a more precise and discriminating test of postural equilibrium may also increase the ability to predict motion sickness susceptibility from postural equilibrium performance. The recently reported Graybiel-Fregly ataxia test (11) appears promising in this regard.

PART 3. RELATIONSHIP OF A MOTION SICKNESS QUESTIONNAIRE TO DIAL TEST PERFORMANCE

In this part of the study a Motion Sickness Questionnaire (MSQ)* was administered to the subjects of groups 1, 2, and 3 with the intention of relating a past history of motion sickness to susceptibility to canal sickness as demonstrated by Dial Test performance.

The questionnaire employed was one which inquired about the subjects' 1) experience with different devices known to have produced motion sickness (e.g., cars, boats, planes, carnival devices, etc.), and 2) his own incidence of motion sickness.

An item analysis was conducted on the responses of group 1, and twelve scorable responses were obtained.

RESULTS AND COMMENT

A separate item analysis was run on the responses of group 2. Here ten scorable responses were found, but these differed sufficiently from the ones identified for group 1 as to make it obvious that the same key could not be applied to both groups. Examination of the responses showed that the aviators in group 2 reported greater frequencies of motion sickness than the students in group 1; but their exposure to conditions that might produce motion sickness, such as rough weather at sea and aircraft during turbulence, was also far greater.

Taken independently, the MSQ scores for group 1 correlated .41 with Dial Test performance, while those of group 2 correlated .59. Both of these correlation coefficients could be expected to shrink substantially on a cross-validation in which the MSQ questionnaire responses of another group of students and another comparable group of aviators are scored with the appropriate keys developed here. The best guess at this point is that relationship with Dial Test performance exists, but that its magnitude is uncertain.

*This questionnaire (NAVSCOLAVNMED 6500/24) was developed by the authors and appears as Appendix A.
REFERENCES


PENSACOLA MOTION SICKNESS QUESTIONNAIRE

Enclosures:
1. Subjects Pre-experimentation Interview
2. Experimenter’s Evaluation Sheet
3. Subject’s Evaluation Sheet
Name ___________________________ Rank _____ Age _____ Weight _____ Height _____

Serial No. _______________ Class (if any) _______________ Today's Date ____________

Have you ever taken this test before? YES____ NO _____ When? ______________________

Check one of the following:

Aviator _______________________

Cadet (MarCad) _________________

Aviation Officer Candidate _______

Officer under instruction ________

LDO ___________________________

Enlisted _______________________

Flight Surgeon _________________

Staff Corps Officer ______________

Civilian ______________________

Other (Specify) ______________________

Check one of the following:

Navy _________________________

Marine _______________________

Coast Guard ___________________

Other (Specify) ______________________

Number of hours in multi-engine aircraft:
(Draw a circle around one or more of the following: (Passenger, Crew, Military or Commercial.)

None _________________________

Less than 10 ___________________

10-50 _________________________

50-200 _______________________

200-1000 ______________________

More than 1000 ________________

Number of hours in single-engine aircraft: (Passenger, Crew, Military, Commercial)

None _________________________

Less than 10 ___________________

10-50 _________________________

50-200 _______________________

200-1000 ______________________

More than 1000 ________________

NAVSCOLAVN MED 6500/24
Study of "Motion Sickness"

Under one condition or another just about all normal individuals get "motion sick." The number of times and the conditions under which this occurs vary with the individuals. It has not yet been determined just which "individual differences" are involved. It is believed the results of this study will give us some indications.

The term "motion sickness" covers a wide variety of subjective symptoms and objective signs and may be experienced over a wide range of severity. Common symptoms are discomfort, lack of appetite, nausea, dizziness and drowsiness; common signs are pallor, sweating, increased salivation and vomiting. Most persons recall accurately severe symptoms but not mild symptoms which, even when experienced, may not have been attributed to motion. The diagnosis or identification of motion sickness depends almost entirely on the close relation of the onset of symptoms to the onset of motion.

1a. In the following, indicate the amount or number of experiences you have had with each activity.

<table>
<thead>
<tr>
<th>How many experiences with:</th>
<th>No.</th>
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<tbody>
<tr>
<td>Swings</td>
<td></td>
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<tr>
<td>Hammocks</td>
<td></td>
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<tr>
<td>Gymnastic apparatus</td>
<td></td>
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<tr>
<td>Roller skating</td>
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<tr>
<td>Spinning on foot</td>
<td></td>
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<tr>
<td>Roller coaster</td>
<td></td>
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<tr>
<td>Squirrel cage</td>
<td></td>
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<tr>
<td>Cartwheels</td>
<td></td>
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<tr>
<td>Merry-Go-Round</td>
<td></td>
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<tr>
<td>Other carnival devices</td>
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<table>
<thead>
<tr>
<th>How many experiences with:</th>
<th>No.</th>
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<tbody>
<tr>
<td>Long train trips</td>
<td></td>
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<tr>
<td>Buses</td>
<td></td>
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<tr>
<td>Motor cars</td>
<td></td>
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<tr>
<td>Motorcycles</td>
<td></td>
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<tr>
<td>Elevators</td>
<td></td>
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<tr>
<td>Cinerama at movies with wide screen</td>
<td></td>
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<tr>
<td>In a plane in slight turbulence</td>
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<tr>
<td>In a plane in severe turbulence</td>
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<tr>
<td>In a plane in acrobatics</td>
<td></td>
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<tr>
<td>In a plane in Zero &quot;g&quot;</td>
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</table>
1b. Disregarding the number of experiences you have had, how many times were you sick? In addition, check the symptoms you experienced. (You may check more than one.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Vomited</th>
<th>Nausea</th>
<th>Stomach awareness</th>
<th>Increased salivation</th>
<th>Dizziness</th>
<th>Drowsiness</th>
<th>Sweating</th>
<th>Pallor</th>
<th>Vertigo</th>
<th>Awareness of breathing</th>
<th>Headache</th>
<th>Other symptoms</th>
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</table>

If you had any other symptoms as a result of motion sickness, what were they:
2. a. How many experiences have you had at sea aboard ships or boats?
   Many____ Numerous____ Some _____ Too few to mention _____ None____

b. Have you ever been seasick? ___YES____ NO____ If YES, would you describe
   the experience. Please describe weather conditions, length of voyage, type
   of vessel, whether you recovered while at sea, (and if you became sick again),
   and any other factors you consider pertinent.

c. From your experience at sea would you say that you: Always get sick____
   Frequently get sick____ Sometimes____ Rarely____ Never____

3. Have you ever been motion sick under any conditions other than the ones listed
   so far?___ YES____ NO____ If so, under what conditions?

4. If you vomited while experiencing motion sickness, did you;
   Feel better and remain so? ______
   Feel better temporarily, then vomit again? ______
   Feel no better, but not vomit again? ______

5. In general, how susceptible to motion sickness are you? __Extremely____
   Very_____ Moderately_____ Minimally____ Not at all____

6. In the past 8 weeks have you been nauseated FOR ANY REASON. ____YES____ NO____
   (If YES, Explain )

   a. In the past when you were nauseated for any reason, did you: 1) vomit easily____
      2) only with difficulty____ 3) retch and finally vomited with great difficulty____
      4) could never vomit when nauseated____ 5) never nauseated in life____

   b. Have you ever vomited in your sleep after heavy partying the night previous?
      ___YES____ NO____
7. The following contains a list of recreational activities. Please indicate by a check your past experiences with each, as well as your preference. Please be sure to check one in each section for "amount of experience", and "preference."

<table>
<thead>
<tr>
<th>Activity</th>
<th>More than 10 times</th>
<th>5 to 10 times</th>
<th>Less than 5 times</th>
<th>Never</th>
<th>Like</th>
<th>Neutral</th>
<th>Dislike</th>
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<tr>
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<td>Sailing</td>
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<td>Diving from a board</td>
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<td>Riding a motorcycle</td>
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<td>Playing ice hockey</td>
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<td>Underwater spear fishing</td>
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<td>Dive bomber</td>
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<td>Carnival devices</td>
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<tr>
<td>Skiing (water or snow)</td>
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</tbody>
</table>

8. What do you think your chances of getting sick would be in an experiment where 50% of the subjects get sick?

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>I almost certainly would</td>
</tr>
<tr>
<td>I probably would</td>
</tr>
<tr>
<td>I probably would not</td>
</tr>
<tr>
<td>I almost certainly would not</td>
</tr>
</tbody>
</table>

9. Would you volunteer for an experiment where you knew that:

- 85% of the subjects did get motion sick? YES NO
- 75% of the subjects did get motion sick? YES NO
- 25% of the subjects did get motion sick? YES NO
10. a. Have you ever taken part in any activities which involved unusual body rotation, (dance, game, etc., )? YES____NO____

b. If yes, what were they? ____________________________

c. If yes, how severe was the motion? ____________________________

d. If yes, did you get motion sick? YES____NO____

e. What were the specific symptoms? ____________________________

11. What influence do you think the food you ate, before your experience with motion, had on whether or not you got sick?

12. At the time you were motion sick, what type of remedy did you use? (whether medical or otherwise)

13. It is thought that there are two kinds of motion sickness. One starts in the brain, (dizziness, sleepiness), and the other one starts in the stomach or intestines, (vomiting, nausea). Which would you say was most like yours?

14. Were you a passenger or controller of a vehicle when you got sick?

15. Most people experience slight dizziness (not a result of motion) 3 to 5 times a year. The past year you have been dizzy:

   more than this ______
   the same as ______
   less than ______
   never dizzy ______

16. Have you ever had a broken bone? If yes, when and which bone? (arm, leg, nose, etc.)

   When 1. _______  Bone 1. _______
   2. _______  2. _______
   3. _______  3. _______

*AVSCOLAVMED 6500/24*
17. Most people experience faintness (not a result of motion) 2 or 3 times a year. During the past year you have felt faint:

- more than this ______
- the same as this ______
- less than this ______
- never faint ______

18. How well do you understand your motives and reasons for doing things?

- Very well ______
- Better than most ______
- About average ______
- Less than average ______
- Not well at all ______

19. If volunteers from your class were requested for a very important flying mission, would you:

- a. No! Volunteer at all ______
- b. Volunteer to lead the mission ______
- c. Volunteer and wish to elect a leader ______
- d. Volunteer and have the CO designate a flight leader ______

20. Have you ever had an ear illness or injury which was accompanied by dizziness and/or nausea?

21. What can you add that might be beneficial to this study or that would improve this questionnaire?
22. a. Have you ever experienced zero "g"? YES____ NO____
b. How many times? ________
c. Were you restrained? YES____ NO____
d. Have you ever free floated? YES____ NO____
e. Have you ever been motion sick at zero "g"? YES____ NO____
f. If yes, describe the experience:

23. Almost all pilots have had one or more experiences with vertigo and/or disorientation.

Have you had: Were they: (you may check more than one)
Less than five ______ Mainly in training ______
Five to ten ______ In operational jets ______
More than ten ______ In operational props ______
None ______ Other (Specify) ______

24. Would you describe one particular incident when you experienced vertigo, which you consider interesting?
SUBJECT'S PRE-EXPERIMENTATION INTERVIEW

Experiment ___________________
Experimenter ___________________
Subject ___________________
Date ___________________

1. Have you been ill in the past week? Yes___ No___. If yes, specify:
   a) severity, b) time course, c) where localized, etc.

2. I am_____ am not____ in my usual state of fitness.

3. Drugs:
   a. How much alcohol have you consumed during the past 24 hours?
      drinks________
   b. How many cigarettes in past 3 hours?______ cigars______ pipefuls______
   c. Have you taken any drugs or medications of any kind in the past 24 hours?
      Yes____ No____ If yes, were they
      1) Sedative or tranquilizer
      2) Analgesic (aspirin)
      3) Anti-motion sickness remedy (anti-histamine)
      4) Other, (Specify)

4. How many hours sleep did you have last night?______ Was this sufficient?______ Insufficient?______

5. How concerned are you regarding your performance on this test?
   None____ Minimal____ Moderate____ Great____ Very great____

6. Do you expect to perform better____ less well____ same____, as average person?

7. Food:
   a. How many hours since your last meal?________
   b. Approximately how many cups of fluid have you had in the past 2 hours?________

ENCLOSURE (1)
NAVSCOLAVNIMED 6500/24 A

A-10
Examiner's Estimate of Subject's Fitness for Test:

1. Fit: Will use results in study.

2. Fit: Will use results only for pilot study.

3. Unfit:

4. Other (Specify):

Purpose of Exposure of Subject:

1. Designated experiment.

2. Pilot run.

3. Clinical evaluation.

4. Other (Specify):
EXPERIMENTER'S EVALUATION

Experimenter: ____________________________________________

Subject: ____________________________________________

Experiment: ____________________________________________

Date: ____________________ Hour: ________________________

☐ Maximum symptomatology during (entire) ______ period of exposure to force environment.

☐ Maximum symptomatology ________ after exposure to force environment.

☐ Other ________________________

A. Does subject appear:

1. Anxious No Change_______
2. Apathetic No Change_______
3. Drowsy No Change_______
4. Sick No Change_______

B. Does subject exhibit

1. Frequent yawning No____ Yes____
2. Over-ventilation (Overt)? No____ Yes____
3. Respiratory sighing No____ Yes____
4. Other respiratory irregularities
5. Pallor None________
6. Facial sweating None________
7. Axillary sweating None________
8. Trunk sweating None________
9. Aerophagia None________
10. Restricted head movements No____ Yes____
11. Retching No____ Yes____ No. of times_____
12. Vomiting No____ Yes____ No. of times_____

*Observed with or without clothes.

ENCLOSURE (2)
NAVSCOLAVNMED 6500/24B

A-12
C. Does subject report:

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Slight</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General discomfort</td>
<td></td>
<td></td>
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<tr>
<td>2. Fatigue</td>
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<tr>
<td>3. Boredom</td>
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<tr>
<td>4. Mental depression</td>
<td>No</td>
<td></td>
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<tr>
<td>5. Drowsiness</td>
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<tr>
<td>6. Headache</td>
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<tr>
<td>7. &quot;Fullness of the Head&quot;</td>
<td>No</td>
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<tr>
<td>8. Blurred vision</td>
<td>No</td>
<td></td>
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<tr>
<td>9. a. Dizziness with eyes open</td>
<td>No</td>
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<tr>
<td>b. Dizziness with eyes closed</td>
<td>No</td>
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<tr>
<td>10. Vertigo</td>
<td>No</td>
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<td></td>
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<tr>
<td>11. a. Salivation increased</td>
<td>No</td>
<td></td>
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<tr>
<td>b. Salivation usual</td>
<td>Yes</td>
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<tr>
<td>c. Salivation decreased</td>
<td>No</td>
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<tr>
<td>12. Sweating</td>
<td>No</td>
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<tr>
<td>13. Faintness</td>
<td>No</td>
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<td></td>
<td></td>
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<tr>
<td>14. Aware of breathing</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. Stomach awareness</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Nausea</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>17. Burping</td>
<td>No</td>
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<tr>
<td>18. Confusion</td>
<td>No</td>
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<tr>
<td>19. Loss of appetite</td>
<td>No</td>
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<tr>
<td>20. Increased appetite</td>
<td>No</td>
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<tr>
<td>21. Desire to move bowels</td>
<td>No</td>
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</tbody>
</table>

* Stomach awareness is usually used to indicate a feeling of discomfort which is just short of nausea.

D. Subject did_____did not______complete experimental procedure.

E. Even in L-D subjects the experimental conditions were likely to cause:

- anxiety_____, boredom_____, thermal sweating_____,
  general discomfort_____ , fatigue_____, other________________________

ENCLOSURE (2)
NAVSCOLAVNMED 6500/24B
SUBJECT'S EVALUATION

Name ___________________________________________ Hours __________________________

Date ___________________________

The experimenter has indicated in the box below the precise period to keep in mind when filling out the questionnaire.

---

NOT TO BE FILLED BY SUBJECT

☐ Maximum symptoms experienced during (entire)____ period of exposure to the
force environment.

☐ Maximum symptoms experienced____ after exposure to the force environment.

☐ Other ____________________________________________

Experiment _________________________________________

1. General discomfort None________ Slight____ Moderate____ Severe____
   2. Fatigue None________ Slight____ Moderate____ Severe____
   3. Boredom None________ Slight____ Moderate____ Severe____
   4. Mental depression No____ Yes____
   5. Drowsiness None________ Slight____ Moderate____ Severe____
   6. Headache None________ Slight____ Moderate_____Severe____
   7. "Fullness of the Head" No____ Yes____
   8. Blurred vision No____ Yes____
   9.a. Dizziness with eyes open No____ Yes____
       b. Dizziness with eyes closed No____ Yes____ Not tried________
   10. Vertigo No____ Yes____
   11. a. Salivation increased None________ Slight____ Moderate___ Severe____
       b. Salivation usual Yes____ No____
       c. Salivation decreased None________ Slight____ Moderate____ Severe____
   12. Sweating None________ Slight____ Moderate___ Severe____
   13. Faintness No____ Yes____
   14. Aware of breathing No____ Yes____
   15. Stomach awareness No____ Yes____
   16. Nausea None________ Slight____ Moderate____ Severe____
   17. Burping No____ Yes____ No. of times________
   18. Loss of appetite No____ Yes____
   19. Increased appetite No____ Yes____
   20. Desire to move bowels No____ Yes____
   21. Vomiting No____ Yes____ No. of times________
   22. Confusion No____ Yes____
   23. Other __________________________

* Stomach awareness is usually used to indicate a feeling of discomfort which is just short of nausea.

ENCLOSURE (3)

NAVSCOLAVNMED 6500/24C

A-14
The Dial Test: A Standardized Procedure for the Experimental Production of Canal Sickness Symptomatology in a Rotating Environment.

Kennedy, Robert S. and Graybiel, Ashton

Part 1 describes a developmental study to identify an optimum Dial Test procedure and the results of using the procedure on three groups with differing aviation experience. The problem was to determine that combination of rotational velocity of a Slow Rotation Room, time between dial settings, and number of sequences to be performed which would yield the best measure of susceptibility to motion sickness. Parts 2 and 3 report the correlations between Dial Test scores and the Modified Romberg and the Coriolis Illusion, and with scores from a Motion Sickness Questionnaire. Modified Romberg scores had a small but significant relationship with Dial Test scores for the "incoming flight student" group, and this relationship was almost significant for the "proficiency billet aviator" group. Coriolis Illusion scores were not significantly related to Dial Test scores but were in the predicted direction. Statistically significant relationships were obtained between Dial Test score and scores from two keys to the Motion Sickness Questionnaire; these need cross-validation, however.
<table>
<thead>
<tr>
<th>Key Words</th>
<th>Link A</th>
<th>Link B</th>
<th>Link C</th>
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<tr>
<td>Motion Sickness Questionnaire</td>
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<td>Test of postural equilibrium</td>
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<td>Perception of Coriolis illusion</td>
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<td>Semicircular canals</td>
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<td>Aviation personnel</td>
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