# C:\Users\ammartin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\UOM-Pos3D_S_Sm.jpgParticipant Questionnaire

## Department of Medicine

## ***Project:* Brain Machine Interfaces: Evaluating computer control using electroencephalography**

**Primary Researcher:** **Dr Sam John (Responsible Researcher)**

**Additional Researchers:** **Dr. Thomas Oxley (Researcher)**

**Mr. Thomas Shiels (Honours Student)**

**Prof David Grayden (Researcher)**

|  |  |
| --- | --- |
| **Participant Initials:** | **Date:** |
| **Age:** | **Gender:** |

Note: This form should contain no identifiable information, do not write your name or date of birth on this form. Data on this form may be associated with future publications. This data may be made available to other researchers in the field of brain-computer interfacing.

**Part 1: Medical History**

|  |  |
| --- | --- |
| Question: | Answer: |
| To the best of your knowledge, do you have any medical conditions? i.e. diabetes, high blood pressure | Choose an item. |
| Have you ever participated in a study involving recording brain waves or brain machine interfaces? | Choose an item. |
| Do you currently take any medications? | Choose an item. |

|  |  |
| --- | --- |
| **Part 2: Brain machine Interface** | |
| Question: | Answer: |
| What would your ideal robotic device be? |  |

|  |  |
| --- | --- |
| **Part 3: Session Details** | |
| **Question:** | **Answer:** |
| Did you find imagining movements or the specified task easy or hard? |  |
| Did you find any aspects of this session tiring or difficult to achieve? |  |
| Did you use any particular strategies of each of the tasks? |  |
| Do you have any feedback or comments for the researchers in the field of brain machine interfaces? |  |