# 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)**

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| **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**

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| --- | --- |
| Question: | Answer: |
| What is the nature of your limb function loss? i.e. spinal cord injury, stroke, etc |  |
| To what degree are you paralysed? |  |
| For how many years have you been paralysed? |  |
| Do you perceive a feeling of pain in your limbs after injury? | Choose an item. |
| 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. |

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| **Part 2: Brain machine Interface** | |
| Question: | Answer: |
| What area of your life is most affected by your injury? |  |
| What activity would you most like to be able to regain? |  |
| How often do you imagine yourself moving your limbs after injury? | Choose an item. |
| How confident are you that you can imagine yourself moving paralysed areas? | Choose an item. |
| What would your ideal robotic device be? |  |
| What activity would you most like to be able to regain? |  |
| Would you be willing to undergo surgery to be able to achieve your ideal outcome from a robotic interface? |  |

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| **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? |  |
| How confident are you that you could imagine yourself moving paralysed body parts? | Choose an item. |
| Do you have any feedback or comments for the researchers in the field of brain machine interfaces? |  |