**Via Qualtrics Survey Software:**

**Screening Questionnaire**

The following questions are about some demographic information, such as age and handedness.

*Please answer as truthfully as possible.*

|  |  |
| --- | --- |
| *Please enter the today's date (dd/mm/yyyy):* |  |
| *Do you belong to one of the following age categories?* | * 18-30 years old * 40-55 years old * 65 to 80 years old * None of the above |
| *Handedness:* | * Left-handed * Right-handed * Ambidexterity (i.e. you use both hands equally well) |
| *Are you a monolingual speaker of British English?* | Yes / No |
| *Do you have any history of traumatic brain injury, stroke, or neurological disorder (including dementia and epilepsy)?* | Yes / No |
| *Are you currently diagnosed with a psychiatric disorder?* | Yes / No |
| *Do you have any history of or are you currently diagnosed with a speech or language disorder (e.g. dyslexia)* | Yes / No |
| *Do you have any history of drug or alcohol abuse?* | Yes / No |
| *Do you smoke?* | Yes / Occasionally / No |
| *How much did you sleep last night?* | Less than 6 hours / 6 hours or more |