PHONE PRE-SCREENING FORM

Experimenter Name:_____ **Date**:_____

Research Subject Name:_____

[redacted]

Phone (type; message OK):_____

Email:_____

General availability:_____

Age:_____ DOB:_____ Sex:_____ [redacted] [redacted]

[redacted]

YES	NO	Right-handed?
YES	NO	Fluent English speaker / other languages?
YES	NO	Normal, or corrected to normal, vision?
YES	NO	Color-blind?
YES	NO	Diagnosed with a learning disorder?
YES	NO	Diagnosed with an attentional disorder?
YES	NO	Seizure disorders?
YES	NO	Psychiatric disorder?
YES	NO	Premature birth / birth complications?
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

PHONE PRE-SCREENING FORM

YES	NO	Head trauma / brain injury / concussion?
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

Is the subject taking medication? List drug names and their purpose:

[redacted]

First or second degree family member with a psychiatric, learning or attentional disorder?

Other: