**GENERAL INFORMATION**

GENDER: \_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL LANGUAGES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HAVE NORMAL OR CORRECTED-TO-NORMAL VISION: YES NO

WILL YOU BE WEARING GLASSES/CONTACTS DURING THIS EXPERIMENT: YES NO

DO YOU LIVE IN AN AREA WHERE MASKS ARE NOW PRIMARILY WORN: YES NO

RACE/ETHNICITY (check all that apply):

CAUCASIAN BLACK INDIGENOUS

EAST ASIAN SOUTH ASIAN OTHER (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_