

Pre-Task Questionnaire**Part A: Basic Information**

1. In which month and year were you born? Date _____ / _____
Month Year
2. Sex/ gender: ☐ Male ☐ Female ☐ Other
3. First language: ☐ English ☐ Other: _____.
4. Handedness: ☐ Left ☐ Right ☐ Ambidextrous

For UCSD students

5. Education: ☐ Undergraduate, _____ (current year standing, i.e. 1st, 2nd, ...)
☐ Graduate, _____ (current year standing, i.e. 1st, 2nd, ...)

For non-UCSD students

5. Highest level of education completed:
☐ Professional/Masters/PhD ☐ High School Graduate ☐ University/College Degree
☐ Some High School ☐ Vocational/Technical ☐ Elementary School
☐ Diploma/Certificate ☐ Prefer not to answer
6. Occupation(s): _____

Part B: Health Information

1. Have you been diagnosed with any neurological disorders (e.g. Epilepsy)? ☐ Yes ☐ No
2. Have you been diagnosed with any psychiatric disorders (e.g. Depression, Schizophrenia)?
☐ Yes ☐ No
3. Are you currently taking any medication that is known to affect the brain or other parts of the central nervous system functioning (e.g. mood, attention, memory)? ☐ Yes ☐ No
If yes, please specify: _____
4. How is your vision? ☐ Normal ☐ Correct to normal with glasses ☐ Glaucoma/cataract/macular degeneration

Today's Date: _____

Subject ID: _____

5. Is there anything unusual about today that you feel may influence the result of the study? (lack of sleep/exhaustion, consumption of prescription or nonprescription drugs, excessive exercise prior to attending, other", "nothing unusual). If so, please give a short explanation:
