**Init:\_\_\_\_\_\_\_\_\_**

**Subject Questionnaire**

*All information provided on this questionnaire will be kept strictly confidential.*

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_\_\_**

**Year:\_\_\_\_\_\_\_\_ Major/Minor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA:\_\_\_\_\_\_\_\_\_**

**Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Handedness:\_\_\_\_\_\_\_\_\_**

Do you have any medical conditions (including such relevant facts as circulation problems, extreme sensitivity to cold, light-headedness or vulnerability to fainting)? Please explain.

Any other details you wish to share that may affect your performance in this study, or any concerns?