**Confidential Participant Information Sheet**

Participant #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experiment(s) completed (check): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision (normal or corrected to normal?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing (normal or corrected to normal?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handedness (check): Right \_\_\_\_\_\_\_\_\_\_\_ Left \_\_\_\_\_\_\_\_\_\_\_\_ Ambidextrous \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Education (since grade 1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any psychiatric disorders (if so, what): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any neurological disorders (if so, what): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On any psychiatric meds (if so, what): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**After experiment, before debriefing:**

Any guesses as to the hypothesis of the study:

**Throughout experiment:**

ANY notes about the participant, about electrode impedance issues, technical issues, suggestions/problems with study: