Demographics Questionnaire

Subject No. _____ **Date of testing** ____ /____ /_____

Age _____ **Gender** □ Male □ Female □ Other

Are you left- or right-handed? □ Left □ Right □ Ambidextrous

What is your native language?

_____

Do you speak any other languages?

_____

Do you have normal vision or corrected to normal vision (e.g., through the use of glasses or contact lenses)? □ Yes □ No

Do you have a history of photo-sensitive epilepsy? □ Yes □ No