

Subject Number: \_\_\_\_\_

Subject Group: \_\_C\_\_

1. Load MATLAB code
2. Prepare cortisol samples
3. Print:
  - a. Consent form
  - b. Demographics form
  - c. Health form
  - d. Stress sheet
  - e. Awareness sheet
4. Prepare BIOPAC machine

#### MAPLAB SNL Checklist- C

1. Record Subject Number: \_\_\_\_\_
2. Have them put their things in the cubby space and ask them if they would like to use the bathroom before getting started. Kindly ask them to go wash out their mouth for the later saliva sample (check if complete): \_\_\_\_\_
3. Consent Form (check if complete): \_\_\_\_\_
  - a. "Please read and review this consent form. If you agree to participate, sign your full name at the bottom. Please let me know if you have any questions."
4. Cortisol 1 Label Number: \_\_\_\_\_. Record collection time: \_\_\_\_:\_\_\_\_ AM / PM
  - a. "Before we move on to the computer tasks, I am going to take your first saliva sample. I will place the swab in your mouth and you will move it around for 60 seconds. Do NOT touch the swab with your hand. I will remove it when the 60 seconds ends."
5. Exposure phase: record start time: \_\_\_\_:\_\_\_\_ AM / PM
  - a. Cortisol 2 Label Number: \_\_\_\_\_ Record collection time: \_\_\_\_:\_\_\_\_ AM / PM
6. Demographics (check if complete): \_\_\_\_\_
7. Health Sheet (check if complete): \_\_\_\_\_
8. Parsing phase: record start time: \_\_\_\_:\_\_\_\_ AM / PM
  - a. Cortisol 3 Label Number: \_\_\_\_\_. Record collection time: \_\_\_\_:\_\_\_\_ AM / PM
9. Stress sheet (check if complete): \_\_\_\_\_
10. Awareness sheet (check if complete): \_\_\_\_\_
11. Pay participant or provide credit (circle if complete):    Paid    or    Credit
12. Move data to appropriate folder (check if complete): \_\_\_\_\_

Subject Number: \_\_\_\_\_

Subject Group: \_\_C\_\_

**FOR OFFICE USE ONLY**

Study Name: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Date + Time: \_\_\_\_\_

**MAP Lab Information Form**

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Years of Education: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Handedness: \_\_\_\_\_

**Race (circle all that apply):**

☐ American Indian/Alaskan

☐ Asian

☐ Pacific Islander

☐ Black/African American

☐ White

☐ Hispanic/Latino

**Is English your first language?** ☐ Yes ☐ No

If no, at what age did you start learning it? \_\_\_\_\_

**Are you Bilingual?** ☐ Yes ☐ No

**Do you have normal (or corrected to normal) vision?** ☐ Yes ☐ No

**If you are participating in an fMRI or EEG study, would you be able to wear contacts for the experiment?** ☐ Yes ☐ No

**Are you colorblind?** ☐ Yes ☐ No

**Do you have normal (or corrected to normal) hearing?** ☐ Yes ☐ No

**How would you rate your general health?**

☐ Poor   ☐ Fair   ☐ Good   ☐ Excellent

1. Are you currently taking any medications or any illegal drugs?      ☐ Yes      ☐ No

---

2. Do you have a pacemaker, vagus nerve stimulator, or other electrical implant?

☐ Yes      ☐ No

3. Do you have a history of head trauma?      ☐ Yes      ☐ No

4. Have you ever had a seizure?      ☐ Yes      ☐ No

5. Do you have any speech, sensory, or motor impairments or a learning disability?

☐ Yes      ☐ No

6. Have you ever been diagnosed with a psychiatric illness, or seen anyone for emotional or psychiatric problems?      ☐ Yes      ☐ No

7. Have you ever been on any anti-depressant, neuroleptic, or sedative medications?

☐ Yes      ☐ No

Are you currently taking?      ☐ Yes      ☐ No

8. Have you ever used illegal drugs in the past?      ☐ Yes      ☐ No

9. Do you have a history of cardiac or other general health-related problems?

☐ Yes      ☐ No

**Please respond to the following specific health conditions – write N/A if a condition is not applicable**

- Respiratory Problems?  
+ Medications? \_\_\_\_\_
- Heart Disease?  
+ Medications? \_\_\_\_\_
- High Blood Pressure?  
+ Medications? \_\_\_\_\_
- Low Blood Pressure or Anemia?  
+ Medications? \_\_\_\_\_
- Diabetes?  
+ Medications? \_\_\_\_\_
- Sickle Cell Anemia?  
+ Medications? \_\_\_\_\_
- Parkinson's/Alzheimer's?  
+ Medications? \_\_\_\_\_
- Stroke?  
+ Medications? \_\_\_\_\_
- ADD/ADHD?  
+ Medications? \_\_\_\_\_
- Multiple Sclerosis?  
+ Medications? \_\_\_\_\_
- Arthritis (problems with hands or back)?  
+ Medications? \_\_\_\_\_
- Other health problems we haven't mentioned?  
\_\_\_\_\_

Are you currently ill?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Do you / could you have:**

|                             |           |          |
|-----------------------------|-----------|----------|
| Rhinovirus / "cold"         | _____ Yes | _____ No |
| Influenza virus             | _____ Yes | _____ No |
| Epstein-Barr virus / "mono" | _____ Yes | _____ No |
| Type 1 herpes               | _____ Yes | _____ No |
| Strep bacteria              | _____ Yes | _____ No |
| Hepatitis B or hepatitis C  | _____ Yes | _____ No |
| HIV                         | _____ Yes | _____ No |



**FOR OFFICE USE ONLY**

Study Name: SNL

Participant ID: \_\_\_\_\_

**MAP Lab Supplemental Demographics**

How many hours of sleep did you get last night? \_\_\_\_\_

Was this sleep restful (circle one)?      **Yes**    -    **No**

Was this sleep different than normal (circle one)?      **More**    -    **Less**

What time did you wake up this morning? \_\_\_\_\_





Study Name \_\_\_\_\_ SNL \_\_\_\_\_  
Subject Number \_\_\_\_\_

### Subject Post-Questionnaire

1. How many shocks did you receive in total? \_\_\_\_\_
2. Please use the scale below to indicate how true each word describes you during this test session:

|            |   |          |   |               |   |              |
|------------|---|----------|---|---------------|---|--------------|
| 1          | 2 | 3        | 4 | 5             | 6 | 7            |
| Not at all |   | Somewhat |   | Moderately so |   | Very much so |

- a. Anxious \_\_\_\_\_
- b. Happy \_\_\_\_\_
- c. Safe \_\_\_\_\_
- d. Stressed \_\_\_\_\_

3. In general, how distracted did you feel during this test session?

---

---

4. In general, how anxious/stressed did you feel during this test session?

---

---

5. Did your overall level of distraction change throughout the test session?

---

---

6. How likely did you think a shock was during each trial? Did this change at all after you received a shock? If you did not receive any shocks, please write "N/A."

---

---

7. Over the course of the test session, did you feel like the likelihood of shock changed? If you did not receive any shocks, please write "N/A."

---

---

8. How much stress are you experiencing in your life right now? (Circle a number below)

|      |   |   |                 |   |   |                |
|------|---|---|-----------------|---|---|----------------|
| 1    | 2 | 3 | 4               | 5 | 6 | 7              |
| None |   |   | Moderate Amount |   |   | Extreme Amount |

9. What is the primary source of stress in your life?

---

---

Study Name \_\_\_\_\_ SNL \_\_\_\_\_  
Subject Number \_\_\_\_\_

**Experiment Wrap-up Survey****Subject Number:** \_\_\_\_\_

1. What strategy did you use in the previous phase to determine breaking points between discs?
  
  
  
  
  
  
  
  
  
  
2. Record your groupings of the discs in the space below, using the numbers (1-15) for the discs. Do not use any disc more than once. You may use as many or as few groups as you see fit.

3. Please circle the numbers corresponding to the four discs you are most likely to see following the selected disc on the screen.

|    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |
|----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| A. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| B. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| C. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| D. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| E. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| F. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

**Thank you for your participation in today's study!**