

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

