Questionnaire for Potential Participant

1. Do you have any brain disorders?
2. What is your age?
3. What is your gender?
4. What is your major?
5. Describe your daily activities in a typical weekday.
6. Do you work? If so, where, what do you do, and for how many hours at one time?
7. Do you regularly engage in sports or other physical activities? If so, what type of sports or physical activities and for how many hours at one time do you engage in this activity?
8. Are you involved in any extracurricular activities? If so, what activities and how long does this activity typically last?
9. Do you have any hobbies? If so for how long do you do these activities?
10. Do you have a computer? If so, is it a PC or Mac?
11. How many hours a day do you use your computer for?
12. What kinds of activities do you use your computer for? How many hours do you spend doing these activities?
13. Would you feel uncomfortable recording any of these activities with a recording device?
14. Would you be available for up to 2 hours to meet for reviewing data at a later scheduled time?
15. Would you be comfortable being audio or video recorded?

For Researcher Use Only

Potential Activity: _______________________________
Group: _______________________________
Recording date: _______________________________
Scheduled to come back to lab on: _______________________________