

***Questionnaire Part 1: emailed out to those that respond to the posting***

Subject: Current Questionnaire  
Date: Tue, 30 May 2000 08:34:26 -0700  
From: Edward Justin Modestino <ejmodest@sas.upenn.edu>  
Organization: University of Pennsylvania  
To: ejmodest@sas.upenn.edu

Hello,  
please answer the questionnaire at the bottom of this email so that I can determine if you are eligible to participate in the study. Thank you.  
Ed Modestino

\*\*\*\*\*

MRI Questionnaire

Name:

Address:

Telephone #:

email:

Age:

Gender:

Occupation:

Education:

Ethnicity (optional but helpful to Research Committee):

Handedness (left, right):

Medical History (including epilepsy, head trauma and any history of psychiatric or neurological disorders):

Are you colorblind, do you have difficulty discerning red from green?

Do you wear contact lenses?

Do you wear glasses?

And if so, can your vision be corrected to 20/20 with glasses or contacts?

Do you have 20/20 vision without glasses or contact lenses?

Do you have or have you ever had amblyopia ("lazy eye")?

Do you weigh less than 225 pounds?

Do you have any metal anywhere in or on your body that cannot be removed during the study (except dental fillings)? (This automatically disqualifies you)