

MEG DATA COLLECTION INFORMATION SHEET

Subject Filename: _____ Operator: _____

Time of Data Collection: _____ Date: _____

<u>Run #</u>	<u>Run Name</u>	<u>Comments / Problems</u>	<u>Head Localization</u>
1	_____	_____	(_____)
2	_____	_____	(_____)
3	_____	_____	(_____)
4	_____	_____	(_____)
5	_____	_____	(_____)
6	_____	_____	(_____)
7	_____	_____	(_____)
8	_____	_____	(_____)
9	_____	_____	(_____)
10	_____	_____	(_____)

Additional Comments:

Confounds:

Handedness: RT / LT

Coffee/Last: _____

Metal/Piercings: _____

Tatoos/Where: _____

Dental Work: _____

Deviated Septum: _____

Do you have contacts in now?

Other: _____

ADCs: _____

Structural MRI Performed? Yes / No / NK Comments: _____