Scott Makeig, Ph.D. and colleagues are conducting a research study entitled Independent Component Analysis of Human Brain Activity to find out more about brain dynamics. These studies are funded by government granting agencies and/or the Swartz Foundation. You have been asked to fill out a pre-experiment screening questionnaire online to see for which experiments you qualify. It will take 15 minutes to complete. There will be 300 participants in this portion of the study. This study is expected to last approximately 5 years.

The questionnaire will ask you about general demographic information. It will also ask questions about your general physical and mental health. These questions are designed to help us to appropriately place you in a behavioral, EEG, MEG, MRI, and/or NRI experiment. All information will be kept in strict confidentiality and will not be associated with your name or personal information. You have the right to skip any questions that you do not feel comfortable answering.

Participation in this portion of the study is entirely voluntary. You may decline to answer any questionnaire in the questionnaire that you feel uncomfortable answering, and refuse to participate or withdraw at any time without jeopardy to any relationship you may have to this institution. All tests will be of no cost to you. However, completion of the questionnaire does not guarantee enrollment in an experiment. If you have other questions or research-related problems, you may reach Dr. Makeig or other members of the staff at (858) 822-7557.

There will be no direct benefit to you from these procedures and there are no risks to filling out this questionnaire. Still, if you are injured as a direct result of participation in this research, the University of California will provide any medical care you need to treat those injuries. The University will not provide any other form of compensation to you if you are injured. You may call the UCSD Human Research Protection Program at (858) 657-5100 for more information about this, or to report research-related problems, or to inquire about your rights as a research subject.

All personal information, including your experimental data, your answers to questionnaires, as well as your contact information will be kept in the strictest confidence. At no time will your name be associated with your experimental data, and your contact information will be stored in a locked filing cabinet and password-protected computers. Should a breach in confidentiality occur, we will make every effort to recover your information and rectify any inconvenience to you. You agree to participate.

___________________________  __________________
SUBJECT’S SIGNATURE                                                                                      DATE

______________________________________         _______________
PRINT SUBJECT NAME                                                                        WITNESS