**MEG DATA COLLECTION INFORMATION SHEET**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject Filename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Time of Data Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
|  | | | | | | | | | | |
| **Run #** | |  | **Run Name** |  | **Comments / Problems** | | | |  | **Head Localization Results** |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

10/14