**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 / LTCoffee/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