

Questionnaire for Study Participation

We will ask you these questions on the day of testing, and your responses will be stored connected to your participant ID, not your name. Please look through them before we book you for a session in case you fulfil any exclusion criteria. If you respond yes to Questions 1, 4-9, and 13-14 (on day of testing), or no to Questions 2, 3 or 11b, you will not be able to participate. For Question 8, eye laser surgery to improve vision and dental fillings are exceptions. For Question 12b, if your caffeine consumption on the day of testing significantly exceeds your average intake at the same time of day you will not be able to participate. If you have any questions, please do not hesitate to ask the researchers.

	Yes	No	Unsure
1. Are you colour blind?			
2. Do you have normal or corrected-to-normal vision?			
3. Are you primarily right-handed?			
4. Are you currently suffering from a diagnosed neurological or psychiatric disorder (<i>migraine, ADHD, depression, etc</i>)?			
5. Have you ever experienced an epileptic seizure or convulsion?			
6. Have you ever had severe head trauma (i.e., followed by a loss of consciousness)?			
7. Have you ever had a fainting spell or syncope?			
8. Have you ever had neurological surgery (including eye surgery) and/or have metal objects implanted in/around the head?			
9. Do you suffer from claustrophobia?			
10. Are you currently taking any non-prescribed or prescription medications? If yes, please specify:			
11a. Do you smoke or snus? If yes, how many cigarettes/snus per day?			
11b. Would you be able to go two hours without cigarettes/snus?			
12a. Have you been drinking caffeine-containing beverages today?			
12b. If yes, is it more than you usually drink on an average day?			
13. Have you consumed more than 3 units of alcohol in the last 24 hours?			
14. Did you drink alcohol <u>today</u> or consume recreational drugs in the last <u>24 hours</u> ?			