



# GSU/GT Center for Advanced Brain Imaging

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[www.cabiatl.com](http://www.cabiatl.com)

## HEALTH SCREENING FORM

Name

Phone  
Number

Date of Birth

Age

Gender

### Ethnic Category:

☐ American Indian/Alaska Native

☐ Asian

☐ Black/African American

☐ Hispanic/Latino

☐ Native Hawaiian/Other Pacific Islander

☐ Caucasian

### HANDEDNESS

What hand do you normally use? (Put "+" in the column if you usually use that hand, "++" if you always use that hand, or one "+" in each column if you use both hands equally.)

Experimenter: Score 1 for L++, 2 for L+, 3 for + in each column, 4 for R+, and 5 for R++ (> = 20 ok).

Activity

Left

Right

Writing a message

Drawing a picture

Using a toothbrush

Throwing a ball

Using a pair of scissors

Do you have any immediate family members who write with their left hand?

☐ No

☐ Yes

### EYESIGHT

Indicate which you use:

☐ Glasses

☐ Bifocals

☐ Reading glasses

☐ Contacts

☐ None (normal vision)

If you know your prescription,  
please write it here.

Left

Right

Is the prescription for one eye much  
stronger than the other?

☐ No ☐ Yes

Do you have astigmatism?

☐ No ☐ Yes

Are you color blind?

☐ No ☐ Yes

### LANGUAGE / EDUCATION

Is English your first language?

☐ No ☐ Yes

If not, what language is?

List all other languages that you  
speak:

Starting with elementary  
school, how many years of  
education have you had?

### GENERAL HEALTH

How would you rate your  
general health?

☐ Poor

☐ Fair

☐ Good

☐ Excellent

List any serious medical conditions that you have had, and list all of your  
current medications.

#### For Experimenter Use Only:

Principal Investigator \_\_\_\_\_

Experimental ID \_\_\_\_\_

Subject ID \_\_\_\_\_

Screen Date \_\_\_\_\_

MRI Date & Time \_\_\_\_\_

June 2020