

**UNIVERSITY OF PENNSYLVANIA  
RESEARCH SUBJECT  
DATABASE INFORMATION**

**Protocol Title:** CCN Subject Database

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**Subject Information**

CCN Subject ID # (If recruited from the database): \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

GENDER: MALE/FEMALE

RACE: \_\_\_\_\_

HISPANIC OR LATINO: YES/NO

HANDEDNESS: RIGHT/LEFT

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

STUDY TYPE: \_\_\_\_\_

MRN # (If fMRI): \_\_\_\_\_

DATE OF STUDY: \_\_\_\_\_

(Ratings on a scale of 1 – 5, with one being the lowest and 5 being the best)

RATING – COMPLIANCE: \_\_\_\_\_

RATING – RELIABILITY: \_\_\_\_\_

RATING- MOTION (fMRI): \_\_\_\_\_

HEAD INJURY HISTORY: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

VISION LOSS (TYPE): \_\_\_\_\_

ADDITIONAL NOTES: