

# APLab Participant Information Form

For Office Use

**Participant ID#:** \_\_\_\_\_

**Grant:**             Martina             Michele

**Tracking:**         Withdrawn due to bad tracking  
 Continuing Subject  
 Subject chooses to withdraw

**Recruitment Method:** \_\_\_\_\_

Your information will not be shared outside of this laboratory.

**Today's Date:**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

**Full Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Birth Year:** \_\_\_\_\_

**Sex:**       Male                       Female                       Other / Prefer not to say

**Handedness:**     Right-handed                       Left-handed

**Ethnicity:**       Hispanic or Latino                       Not Hispanic or Latino  
 Unknown / Prefer not to say

**Race:**                       More than one Race  
 American Indian / Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 White  
 Black or African American  
 Other not Listed  
 Unknown / Prefer not to say