Information processing in the central nervous system occurs, among other things, by electrical activity of the nerve cells. This minimal, continuous electrical activity of the brain, which is produced by the brain itself, can be measured and recorded by using electrodes. The result of such a measurement is called an ElectroEncephaloGram, or EEG for short.

Because the signals that are measured are extremely weak, it is important to prevent disturbing environmental signals from influencing the brain signals. The EEG measurement therefore takes place in a specially shielded room. Depending on the research goal, the duration of the EEG registration varies from about 30 minutes up to 2 hours.

**Preparation at home**

To make the EEG-measurement run more smoothly, you can run through the following steps:

- Wash and dry your hair beforehand;
- Do not use gel, hairspray, etc.;
- Do not use face cream or make-up;
- If needed, bring a comb or hair brush;
- Always bring (reading)glasses. Also if you’re a contact lens user.

**Preparation at the DCCN**

A cap (sort of bathing cap) will be put on to your head. In this cap a large amount of measuring electrodes will be attached. In addition, a few single electrodes will be attached around your eyes and behind your ears using small stickers. Your eyes, nose, mouth and the underside of your face will remain free.

To obtain good signals it is important that the resistance of the skin is not too high. If necessary, the experimenter will make sure the resistance between your skin and the electrodes drops to the desired value by using some alcohol and conducting gel.

**The experiment**

After this preparation you can enter the shielded room. You will get instructed about what you have to do during the experiment.

It may be that you have to look at a computer screen, listen to sounds (possibly through headphones), carry out a reaction-time task, make certain movements, or just sit and be relaxed. During the measurement the door of the shielded room is closed, but not locked. The experimenter can see you by use of a videocamera and talk to you by means of an intercom. The measurement itself will not be noticeable for you.

When enough data are obtained, the measurement is completed. The experimenter will enter the room again and will remove the cap with the electrodes. If you want you can rinse out your hair, wash and dry it. For this purpose shampoo and towels are available. For hygienic reasons it is practical if you bring your own comb.

**Additional information**

The risk associated with participation can be considered as negligible to minimal risk. No invasive procedures are involved.

You can **NOT** participate in a EEG-experiment if one of the following applies:

1) Head surgery has been performed.
2) You suffer from epilepsy.
3) You suffer from claustrophobia.
4) You are pregnant or you think you are.
5) You are younger than 18 years of age.

If one of the above is applicable, please contact the researcher before the day of the experiment.

February 2012, version 6.1
Independent physician
If you would like to address questions related to the experiment you may ask for one of the independent MD’s: Prof. dr. Guillén Fernández or Prof. dr. Jan Buitelaar.
Please contact the administration of the Donders Centre for Cognitive Neuroimaging :024-3610750.
**SCREENING FORM EEG**  
Version 6.1

To be filled out prior to the start of the experiment

<table>
<thead>
<tr>
<th>Please answer the following questions first</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Have you had head surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are you suffering from epilepsy?</td>
<td></td>
<td></td>
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<tr>
<td>- Do you suffer from claustrophobia?</td>
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<td>- Are you pregnant or do you think you are?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Are you younger than 18 years?</td>
<td></td>
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</tr>
</tbody>
</table>

*If you answered “Yes” to one of the above questions, you CANNOT participate in the experiment.*

Subject name:

Date of birth:

*This form is only to be used for research on people of 18 years or older that are of sound mind and judgement. The person involved has to give his or her consent personally.*

P.T.O
SCREENING FORM EEG
Version 6.1

To be filled out completely by the RESEARCHER after the experiment

Name : Project number :

Function : Sona systems study name :

Signature : Date :

☐ Payment .......... euro / ........ points

☐ No payment

---------------------------------------------------------------------------------------------------------------------------

Reported events or findings:
(Adverse Event / Incidental Finding) YES/ NO

If YES, please describe:
STUDYSPECIFIC INFORMED CONSENT FORM
For participation in:*  
☐ MEG  X  EEG  ☐ MRI  ☐ Behavioural  
*tick the applicable box(es)

To be filled out by the PARTICIPANT prior to the start of the experiment:

I confirm that:
- I was satisfactorily informed about the study concerned both verbally and in writing by means of the general information brochure and additional study specific information brochure(s) (versions 6.1, February 2012) as well as about the study itself by the researcher concerned based on the project number written below.
- I have had the opportunity to put forward questions regarding the study and that these questions have been answered satisfactorily
- I have carefully considered my participation in the experiment.
- I participate of my own free will.

I agree that:
- My data will be acquired and stored for scientific purposes as mentioned in the general information brochure.
- I will be informed by a designated physician about any new information which is of medical relevance to me.

I understand that:
- I have the right to withdraw from the experiment at any time without having to give a reason.
- My privacy is protected according to Dutch law.
- My consent will be sought every time I participate in a new experiment.

I give my consent to take part in this experiment:

Name:……………………………………….  Date of birth:…………………………………… (dd/mm/jj)

Signature:…………………………………….  Date and place:……………………………………

I agree that my experimental and coded data for strict scientifically reasons will be shared with others:  
YES / NO*  
*encircle preference

To be filled by the RESEARCHER prior to the start of the experiment:

The undersigned declares that the person named above has been informed both in writing and in person about the experiment. He /she guarantees subjects’ privacy protection according to Dutch law.

Name:……………………………………….  Project number:

Signature:…………………………………….  Date and place:……………………………………