

## Participant Consent Form

Pattern Glare Test Induced Visual Distortions and Hallucinations Correlating with Cortical Hyper Excitability Measured using Three Different Questionnaires.

Name:

Age:

Email Address:

Do you speak English as your native language? Yes / No

Please read the following statements and sign below to acknowledge and agree:

- 1) I agree to participate in this research on cortical hyper-excitability.
- 2) I understand that my participation is completely voluntary.
- 3) I have been given the opportunity to ask any questions at any time.
- 4) I understand that I have the right to withdraw from the study at any time without giving a reason and with no adverse consequences.
- 5) I have been given full information about what the study entails.
- 6) I have been given contact information for the researchers.
- 7) I understand my responses will be treated confidentially.

I agree to participate in the study on cortical hyper-excitability as described. I understand that my responses will be treated confidentially and that I can withdraw from the experiment at any time.

Signature:

Date:

If you have any questions as a result of reading this form, please do not hesitate to ask.

If you have any questions regarding the study after it ends, myself or my supervisor would be happy to answer your queries. If you have any concerns regarding the study, you may also contact the Head of Department. You can contact us via email:

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