

Code # \_\_\_\_\_

## QUESTIONS TO HEALTHY VOLUNTEERS

Any individual who is not affected by some form of epilepsy is considered a healthy volunteer for our research study.

### Healthy Volunteer

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Country of Origin: \_\_\_\_\_

Ethnicity: (check one)

- |                                |                          |                         |                          |
|--------------------------------|--------------------------|-------------------------|--------------------------|
| 1. Caucasian (European Origin) | <input type="checkbox"/> | 8. Chinese              | <input type="checkbox"/> |
| 2. Black (African American)    | <input type="checkbox"/> | 9. Japanese             | <input type="checkbox"/> |
| 3. Hispanic (European Origin)  | <input type="checkbox"/> | 10. Indian Subcontinent | <input type="checkbox"/> |
| 4. Hispanic (South American)   | <input type="checkbox"/> | 11. Korean              | <input type="checkbox"/> |
| 5. Hispanic (Central American) | <input type="checkbox"/> | 12. Caribbean           | <input type="checkbox"/> |
| 6. Native American             | <input type="checkbox"/> | 13. Middle Eastern      | <input type="checkbox"/> |
| 7. Pacific Islander            | <input type="checkbox"/> | 14. Other:              | <input type="checkbox"/> |

### Father

Ethnicity (select a number from above): \_\_\_\_\_ Country of origin: \_\_\_\_\_

### Mother

Ethnicity (select a number from above): \_\_\_\_\_ Country of origin: \_\_\_\_\_

### Grandfathers

#### Maternal Grandfather

Ethnicity (select a number from above): \_\_\_\_\_ Country of origin: \_\_\_\_\_

#### Paternal Grandfather

Ethnicity (select a number from above): \_\_\_\_\_ Country of origin: \_\_\_\_\_

### Grandmothers

#### Maternal Grandmother

Ethnicity (select a number from above): \_\_\_\_\_ Country of origin: \_\_\_\_\_

#### Paternal Grandmother

Ethnicity (select a number from above): \_\_\_\_\_ Country of origin: \_\_\_\_\_