**Appendix E: Neurological Symptoms Checklist**

**Study Subject ID#\_\_\_\_\_**

To maximize safety, please answer the questions below. Please note that the questions below may contain unfamiliar medical terminology**. If you are unsure of how to answer any of these questions or would like a more detailed explanation of the terms, please do not hesitate to ask one of the primary investigators (Raymond Butts / Roger Newman-Norlund)**

**Check All That Apply**

**Yes**

**No**

***Details***

***.***

Do you experience frequent dizziness or vertigo?

Do you experience frequent headaches?

Do you experience tremors?

Are you prone to strange movements or bizarre

beha

vior?

Do you experience extreme fatigue or become fatigued

easily?

Do you experience staring or twitching spells?

Are you experience difficulty of slowness understanding

what other s say to you?

Do you experie

nce any unexplained pain in your hands,

feet or face?

When the form has been checked through with you by a member of staff, please sign below to

confirm that you have read and understood all the questions.

**Volunteer's signature**

**Researcher's signature**

**Date**

Do you experience memory loss or problems?

Have you recently experienced double vision change or

loss of vision?

Have you experience abnormal muscle weakness?

Do you experience burning, tingling or numbness?

Have you noticed any su

dden change in your sleep

patterns?