

CODE # _____ Please place Code # also on container w/ saliva

QUESTIONS TO HEALTHY VOLUNTEERS

Any individual who does not have seizures or epilepsy or does not have a family member with seizures or epilepsy is considered a healthy volunteer for our research study

Sex: M F

Age: _____

Country of Origin: _____

Ethnicity (check one)

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

Father

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

Mother

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

Paternal Grandfather

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

Paternal Grandmother

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

Maternal Grandfather

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

Maternal Grandmother

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