

Subject: _____ Protocol # _____

Date: ___/___/___

Researcher name: _____

Title of the study: _____

Blinding

Please indicate whether you are the researcher, reviewer or participant:

-Researcher()

-Rater ()

-Participant ()

Please indicate your best guess as to which stimulation group you were placed in:

-Active ()

-Sham ()

-I don't know ()

How confident are you that your guess is correct?

- Extremely ()

- Considerably ()

- Moderate ()

- Slightly ()

- Not at all ()