

APPENDIX 5: MEG SCREENING QUESTIONNAIRE

MEG SCREENING QUESTIONNAIRE

CHBH Project Number:	
Ethics Code:	



EVERYONE must fill out this form **BEFORE** entering the MEG suite.
All information will be kept strictly confidential.

Name:		Date of Birth:	
Email:		Tel No:	

Please answer the following questions carefully	YES	NO	Staff Notes
Have you participated in a MEG study before?			
Do you suffer from any medical condition that may be relevant (e.g. epilepsy, diabetes, asthma)?			
Do you suffer from epilepsy?			
Do you suffer from diabetes?			
Do you suffer from claustrophobia?			
Do you suffer from asthma?			
Have you been formally diagnosed with attention deficit (hyperactivity) disorder (AD(H)D)?			
Have you been formally diagnosed with autism spectrum disorder (ASD)?			
Please state your weight (kg)			
Other information (e.g. spectacle prescription)			

Please initial the boxes before going inside the MEG room

I confirm that the above information is accurate to the best of my knowledge.

I will remove all metal including mobile phones, keys, watches, coins, credit cards, body piercings, jewellery, false teeth, hearing aids etc. before entering the MEG room.

I acknowledge that CHBH has taken reasonable precautions to screen for potential difficulties and is not liable for any event that might result from incorrect answers to the above.

I understand what is involved in the study and consent to participate.

I give permission for data to be used in future studies after they have been anonymized.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Signed:		Date:	
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Form verified by (*Authorised Personnel only*):

Print Name:		Signed:		Date:	
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