Email script, this script may also be adapted for telephone queries.

Dear < participant name>

Thank you for your interest in participating in our MRI study.

Please find attached a participant information sheet that will tell your more about the study. In particular, it will outline what you will be required to do for this study and its duration. It also describes the aims of our research and notifies you of any potential risks in taking part. It is important that you read this carefully before deciding to participate.

As you will see on the information sheet, there are certain criteria that you must meet in order to be eligible to participate in the study. These are outlined in more detail below:

1. As MRI involves a very strong magnetic field it is important that you do not have any metallic implants inside your body as these may heat up or become dislodged (normal fillings are okay). For this reason please read the MRI safety questionnaire that you will find attached and notify us if the answer to any of the following questions are yes.
2. As having an MRI involves going inside a tunnel, this may be distressing if you have ever suffered from claustrophobia. In the past have you ever suffered from claustrophobia?
3. In order for us to acquire good images of your brain, you must keep very still while we are scanning your brain. Can you lie very still for periods of 10-15 minutes without discomfort?
4. Do you have any background in musical training?

If YES, please check all that apply and indicate the number of years

☐ Keys \_\_\_\_\_\_\_

☐ Woodwind and/or brass \_\_\_\_\_\_\_

☐ Strings \_\_\_\_\_\_\_

☐ Percussions \_\_\_\_\_\_\_

☐ Voice \_\_\_\_\_\_\_

1. Are you right-handed?
2. Do you have family history of neurological disorders (e.g., epileptic seizures, head injuries)?
3. Are you currently taking prescribed psychotropic medication or other medication that makes them drowsy?
4. For females: Are you pregnant or breast-feeding?
5. You must have normal or corrected vision. If you wear glasses and would not be able to wear contact lenses for the scan, please let us know so we can organize MR safe glasses for you.
6. Once you have read the information sheet and wish to participate please reply by answering the questions listed above. The following time slots (listed below) are available for participation. Please let us know which sessions are most convenient to you.

<list scanning slots>

Thank you for your interest and we look forward to hearing from you.

<name of researcher>