

Protocol #: 23-0986**Project Title:** Postural Orthostatic Tachycardia Syndrome in Persons with Mild Traumatic Brain Injury: Vestibular-mediated Mechanisms and Brain Biomarkers**Principal Investigator:** Jeffrey R. Hebert, PhD, PT**Version Date:** 11/28/2023**Pre-screening Form**

Thank you for your interest in this study. Before you come in to learn more about the study, it would be helpful to see if you are likely to qualify to be in the study. In order to do this, I would like to ask you to complete some eligibility questions, which will include questions about your personal information including age and current medical condition. It should take about 10 minutes to go through these questions. Some of the questions may make you uncomfortable; you do not have to answer any question that you would not like to answer, but without answers to these questions, you will not be eligible to participate in the study. I will not record your name or any other information that would identify you on the form I use to record your answers until I know you have qualified for the study; at that time, I will keep this information secure. If you do not qualify for this study, I will immediately destroy any information I have collected. I am also required to give you the number of COMIRB, the Ethics Board that oversees our research: it is (303) 724-1055, in case you have any questions or concerns for them.

If you decide not to answer any of these questions or require clarification or have any questions about the screening questions, please **contact Chandelle Stone (303-724-0846, chandelle.stone@cuanschutz.edu)** for assistance.

Pre-screening Questions

1. If you are eligible to participate in the study, will you be willing and able to come to the University of Boulder Campus for 1 study session lasting about 2.0 hours, and 1 study at the University of Colorado Anschutz Medical Campus for 1 study session lasting approximately 1.0 hours?

Yes No

☐ ☐

2. Do you have a history of traumatic brain injury (TBI) that was considered mild (also known as a concussion)?

Yes No

☐ ☐

- If you answered "yes", was it more than 3 months ago?

- Yes No

☐ ☐

- If you are unsure if you had a concussion or not, please contact me to discuss.

3. Have you been diagnosed with postural orthostatic tachycardia syndrome (POTS) by a licensed medical provider (for example a physician)?

Yes No

☐ ☐

- If you answered "yes", was it within that last 6 months?

- Yes No

☐ ☐

4. In the last 6 months, while standing have been experiencing symptoms such as lightheadedness, palpitations, rapid heartbeat, tremulousness, generalized weakness, blurred vision, exercise intolerance or fatigue?

Yes No

☐ ☐

- If you answered "yes", please check which symptoms, you can select more than one if it applies to you?

☐ Lightheadedness

☐ Palpitations

☐ Rapid heartbeat

☐ Tremulousness

☐ Generalized weakness

☐ Blurred vision

☐ Exercise intolerance

☐ Fatigue

☐ Other, please list: _____

5. Do you take any medication for your heart and/or for POTS such as beta-blockers, Midodrine, Florinef, Melatonin, Atomoxetine, Sertraline, Propranolol, Bisoprolol, Pyridostigmine, fluids, salts/sodium?

Yes No

☐ ☐

If you answered yes, please list below:

6. Do you have any neurological diagnosis other than mild TBI such as stroke, multiple sclerosis, Parkinson's Disease? or peripheral vestibular (inner ear) disorder?

Yes No

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7. Do you have any peripheral vestibular (inner ear) disorder such as benign paroxysmal vertigo, labyrinthitis, vestibular neuritis, meniere's syndrome, acoustic neuroma?

Yes No

☐ ☐

8. Do you take any medication for vestibular-related problems such as vertigo, nausea, such as Antivert, Meclizine?

Yes No

☐ ☐

If you answered yes, please list below:

9. Do you weigh more than 225 pounds?

Yes No

☐ ☐

10. Are you between the ages of 18 and 65 years?

Yes No

☐ ☐

11. Are you able to walk and stand without assistance?

Yes No

☐ ☐

12. Do you have an orthopedic condition of the spine and/or legs that restricts standing or walking?

Yes No

☐ ☐

13. Do you have a psychological disorder such as schizophrenia?

Yes No

☐ ☐

14. Are you currently incarcerated (in jail or prison), on probation or alternative sentencing?

Yes No

☐ ☐

15. Are you able to read?

Yes No

☐ ☐

16. Are you pregnant?

Yes No

☐ ☐

17. Do you have any implants, internal metal (such as shrapnel, external and accessory devices), and anything else that does not allow you to participate in magnetic resonance imaging (MRI)?

Yes No

☐ ☐

18. Do you have a fear of enclosed spaces (e.g. claustrophobia)?

Yes No

☐ ☐

19. Is the width of your shoulders and upper body 23 inches or greater?

Yes No

☐ ☐

How did you hear about our study?

If eligible to participate, your participation will take approximately 3.0 hours total (2.0 hours at the University of Colorado Boulder Campus; 1.0 hours at the University of Colorado Anschutz Medical Campus), and receive \$150 if you are eligible and complete all tests involved in the study.

Please submit this form to Chandelle Stone via email (chandelle.stone@cuanschutz.edu) to schedule a time to go over your prescreen responses and confirm eligibility.

If you have any questions, please contact Chandelle Stone via email at chandelle.stone@cuanschutz.edu.

TO BE FILLED OUT BY RESEARCH TEAM:

Research member: please indicate if there are any other concerns that would jeopardize the safety of the candidate participant?

☐ Yes ☐ No

*****If yes, please describe _____