**SEQ fMRI SCREEN**

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| To Do: |
| 1. Open *call\_list.xlsx* (server location: Experiments/AEPETv2/03\_running\_subj\_forms) 2. Add name, phone number and email to call list 3. Make note if left voicemail, including the date |

**Hello, this is** (your name) **calling from the Cognitive Dynamics**

**Lab at the UofO. Is** (name) **available?**

If voicemail…

**Hi my name is** (your name) **from the Cognitive Dynamics Lab at the UofO. I’m calling because you expressed interest in our research study. Please give us a call back when you are free to talk about the study, our phone number is ######.**

If they already received information via email (from flyer or Sona):

**You should have received information about the study over email. Do you have any questions after reading about it?** [answer questions]

**Great, so before we schedule your appointments, I want to review some of the criteria again. I know some of this may be redundant, but I want to be sure that you are safe to go into the MRI.**

Go through MRI qualifier questions

**First, I want to double-check that you are eligible for the study, so I’m going to ask a couple of questions. Are you…**

**…right handed?**

**…color blind?**

**…a Native English speaker?**

**…Do you have normal or corrected to normal vision?**

**…Have you ever had a head injury?** [if yes, ask for details]

**…Are you currently taking any medication that affects**

**brain function such as antidepressants?**

**…Do you think you could lie still on your back for 1.5 hours?**

**…Are you claustrophobic?**

**…How old are you and what is your date of birth?**

**…Have you ever participated in research studies on Sona before?**

Go through the screening

**MRIs are generally very safe as long as you don’t have certain types of medical implants. First, I am going to list a set of conditions and devices that would be very dangerous for you to go into the scanner with. You don’t need to tell me which of these you have, but when I’m done reading through, please let me know if you have any of the following:**

**Text

Description automatically generated**

**Now, I’m going to go through another list. These are not necessarily disqualifiers, but I might need more information if you have any. After I say each item, please say yes or no to indicate if it applies to you.**

**Graphical user interface, text

Description automatically generated**

Clarification questions

**…dental work: What kind? Any permanent retainers**

**or wires?**

**…tattoos: Where? How old? Did you get the tattoo at**

**a parlor?**

List of surgical procedures

**Have you ever had any surgical procedures?**

**…What [in detail]? When?**

**I just want to clarify that you do not have any foreign objects in your body that you were not born with.**

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| To Do: |
| 1. Record age/DOB 2. List any exclusions, responses to clarifying questions, and list of surgical procedures in the “Notes” column of the *call\_list.xlsx* |

If not eligible…

**Unfortunately, you are not eligible for our MRI study. However, we do have another study that you are eligible for. This study would consist of 2 visits. During these visits, participants complete several computer tasks. The first visit is 2.5 hours and the second visit is 1.5 hours. You would be compensated $40, plus earned incentives, for your participation in both visits.**

**Does this sound like something you’d be interested in?**

If no…

**Thank you for your interest. Give us a call if you change your mind.**

If yes… **Review Spamalot study information (e.g., how to sign up).**

**Do you have a calendar available so that we can go ahead and schedule your appointments?** [schedule visits]

Repeating the session date and time:

**I have you scheduled for the first session on** (date) **at** (time)**. The second session I have you scheduled for** (date) **at** (time)**.**

[If applicable] **The third session will take place on** (date) **at** (time)**.**

**I will send you a confirmation email with the dates and times as well as a map directing you to our building. When you arrive for your visit, you won’t have access to the building. You’ll need call us and let us know when you’re here. Do you think you’ll need a parking pass?**

If yes… **send the map with directions to parking spot in confirmation email**

If no… **send the map with directions to building (LISB or LCNI depending on study) in confirmation email**

**On the day of your visit, we ask that you screen yourself for symptoms. If you are experiencing any symptoms, or if you have come into close contact with someone experiencing symptoms or has tested positive for COVID, please let us know so we can reschedule you for a later date.**

If MRI version… **Finally, we ask that you give us at least 24 hours’ notice if you need to reschedule your MRI scan. If we cancel the scan with less than 24 hours’ notice, then we still need to pay for it, which is about $500. So, if you know ahead of time that you will not be able to make it, please let us know as soon as possible.**

**Do you have any final questions?**

**Great! We look forward to working with you [name]. Have a wonderful day!**

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| To Do: |
| 1. Update the study name and date of visits in the *call\_list.xlsx* 2. If from Sona, sign them up manually (make sure they have not participated in disqualifying studies!!). May need to create or edit existing timeslot 3. Send confirmation email with a map to the lab and LCNI. See *email\_templates.docx* or the *Study Appointment Confirmation* email template 4. Schedule to send appointment reminders (at 8 am 1 day before behavioral visits, at 8 am 2 days before MRI visits). |