

FMRI SUBJECT CRITERIA & MEDICATION INTERVIEW

<i>All participants:</i>	Yes	No	Unclear
Did you pass the Lucas Center MRI screen?			
Are you between ages 18 and 55?			
Do you weigh less than or equal to 300 pounds?			
Are you right-handed?			
Is English your native language or did you learn it before age 5 and speak it fluently?			
Will you be able to abstain from taking pain medication (i.e., Advil, Ibuprofen, or Nuprin) 24 hrs prior to the FMRI scan?			
Do you have diabetes?			
Have you ever had seizures or epilepsy?			
Do you have a diagnosis of hypo/hyperthyroidism?			
Do you have a history of a neurological disorder?			
Do you have a history of a cardiovascular disorder (e.g., heart attack, hypertension)?			
Do you have a history of stroke, brain hemorrhage or brain tumor?			
Have you had a head injury where you lost consciousness for greater than 5 minutes during the past year or lost consciousness for greater than 1 hour prior to the past year? Do you have a history of amnesia?			
Have you ever had brain surgery or radiation treatment?			
Have you ever received electroconvulsive treatment?			
Other than vitamins and temporary pain or allergy medication, are you taking any medication on a daily basis (e.g., antidepressants, mood stabilizers, anxiolytics, antipsychotics or heart or blood flow related meds; see drug sheet for examples)			

Which medications have you been taking during the past month?

Medicine	Start/Change Date	Stop Date	Dosage	% Missed [†]	Side effects [‡]
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

[†]Missed doses

Many people find that they miss doses of medications. In the past month, what percent of doses of each medication have you missed?

[‡]Side Effects

We are interested in how much side effects of your medication interfere with performing your daily activities. Please indicate the number that fits best from the following:

- 0. no side effects
- 1. mild side effects that do not interfere with performing daily activities
- 2. side effects that interfere moderately with performing daily activities.
- 3. side effects that interfere markedly with performing daily activities

Do you smoke cigarettes? _____

If yes, how much do you smoke per day? _____

Do you have any non-removable orthodontic devices (e.g., braces, permanent retainer)? _____

Do you need reading glasses? _____

Do you wear your hair in dreadlocks? _____

For females:

Is there any possibility that you may be pregnant? _____

Day of scan: what was the first day of your most recent period? ____/____/____