Section A:

Screening for magnetic resonnance imaging (MRI) study.

In order to ensure the safety of everyone having access to the area of Functional Neuroimaging Unit, it is of the utmost importance that this questionnaire be completed correctly. All information contained in this document is confidential.

A1.

A2. **Last name:**

A3. **First name:**

A4. **Birthdate:**

A5. **Sex:**

Female ☐

Man ☐

Other ☐

Other

A6. **51**

A7. **Genre:**

Age: 51

Menopause:

Menopause (+2ans):

A8. Are you menopaused ?

Yes ☐

No ☐

A9. Have you been menopaused for more than 2 years?

Yes ☐

No ☐

A10. If any doubt, would you accept to have a pregnancy test ?

Yes ☐

No ☐

A11. Which unit are you using for height?

cm ☐

foot/inches ☐

A12. How tall are you (cm)?

A13. How tall are you?

Foot

Inches

A14. Which unit are you using for weight?

kg ☐

lbs ☐

A15. How much do you weight?

A16. Poids (metrique): NAN kg

Taille (metrique): cm

A17. Have you had

	Yes	No
a head surgery?	☐	☐
an abdomen or pelvis surgery?	☐	☐
a chest or heart surgery?	☐	☐

	Yes	No
an arm or hand surgery?	☐	☐
a leg or foot surgery?	☐	☐
a spine surgery?	☐	☐
a eye surgery?	☐	☐
another surgery?	☐	☐

A18. **You answered: Yes to one or more of the following questions, enter the kind of operation, the date and any additional information that may help the staff of the Functional Neuroimaging Unit to assess whether you can pass the magnetic resonance examination security. For example, the type of implant or device, the manufacturer and the model if you know them, the year of implantation.**

A19. **Are you carrying any of the following:**

	Yes, can not be removed	Yes, can be removed	No
Pacemaker? Epicardial wires?	☐	☐	☐
Aneurysm clips, Stent?	☐	☐	☐
Filter or catheter in a blood vessel?	☐	☐	☐
Artificial heart valve?	☐	☐	☐
Cochlear implant ? Hearing aid?	☐	☐	☐
Neurostimulator or Bone growth stimulator?	☐	☐	☐
Metal foreign body (ex: bullets, shrapnel, metal fragments)?	☐	☐	☐
Implanted insulin pumps?	☐	☐	☐
Orthopedic implant (ex: screws, plate, pins)?	☐	☐	☐

	Yes, can not be removed	Yes, can be removed	No
Tattoos or permanent make-up?	☐	☐	☐
Piercing?	☐	☐	☐
Implants magnetic or non-magnetic?	☐	☐	☐
Diaphragm or IUD?	☐	☐	☐
Dental work (ex. braces, caps, crowns, dentures)?	☐	☐	☐
Ocular implants?	☐	☐	☐
Transdermic patch (ex : nitroglycerine patch)?	☐	☐	☐

A20. **You answered: Yes, can not be removed to one or more of the following questions, enter any additional information that may help the staff of the Functional Neuroimaging Unit to assess whether you can pass the magnetic resonance examination security. For example, the type of implant or device, the manufacturer and the model if you know them, the year of implantation.**

A21. **Others :**

A22. **Have you ever been a:**

	Yes	No
Mechanist ?	☐	☐
Welder ?	☐	☐

A23. Have you ever been injured by metal objects ?

Eg: car accident, work accident, war wounds.

Yes ☐

No ☐

A24. You answered: Yes at the previous question, enter any additional information that may help the staff of the Functional Neuroimaging Unit to assess whether you can pass the magnetic resonance examination security.

A25. Do you suffer from claustrophobia ?

Yes ☐

No ☐

A26. Do you have any respiratory or motor disorder ?

Yes ☐

No ☐

A27. Have you ever had previous magnetic resonance imaging test ?

Yes ☐

No ☐