

Approved questions for DPIA 183

MR contraindications

- Do you have any metallic implants or items including cardiac pacemakers, pacing wires, cochlear implants, metallic aneurysm clips, metallic fragments in the eye, certain types of bio-mechanical implants and fixed dental braces?
- Do you have a programmable hydrocephalus shunt?
- Have you ever had any operations on your heart, head or spine?
- Do you have or have ever had a spinal or other neuro stimulator?
- Have you had any surgery which involved the use of medical implants? (e.g., hip or knee replacements, breast or penile implants, or any procedure using metal stents e.g., coronary arteries)?
- Do you have a fixed dental brace?
- Have you had any surgery in the last 3 months?
- Have you, at any time, had an injury to your eye involving metal fragments?
- Do you have any shrapnel in your body?
- Do you have any medicinal patches? including nicotine, hormone
- Do you have an Intra-Uterine Contraceptive Device?
- Are you claustrophobic?
- Are you pregnant or do you believe you could be pregnant?

Vision

- Do you have normal or corrected to normal vision?
- Do you wear glasses? / If yes, what prescription lenses do you wear?

Hearing

- Do you have normal hearing?

Mental health/illness

- Do you have any history of mental illness?
- Do you have/ have you had any psychiatric problems (including anxiety or depressive disorders)?
- **The Beck Anxiety Inventory (BAI)**
- **The Beck Depression Inventory (BDI-II)**
- **CES-Depression Scale**
Radloff, L. S. (1977). The CES-D scale: A self report depression scale for research in the general population. Applied Psychological Measurements, 1, 385-401.
- **Revised Children's Anxiety and Depression Scale**
[rcads-childreported_8-18.pdf \(corc.uk.net\)](#)
- **Emotion Regulation Questionnaire**
Gross, J.J., & John, O.P. (2003). Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. Journal of Personality and Social Psychology, 85, 348-362.
- **State-Trait Anxiety Inventory**
Spielberger, C. D. (1983). State-Trait Anxiety Inventory for Adults (STAI-AD)
<https://doi.org/10.1037/t06496-000>.

- **Liebowitz Social Anxiety Scale: for adults (LSAS)**
<https://nationalsocialanxietycenter.com/liebowitz-sa-scale/>
- **An anxiety scale**
https://www.radc.rush.edu/docs/var/detail.htm?category=Affect+and+Personality&subcategory=Negative+affect&variable=anxiety_20items
- **Ruminative Response Scale**
Treyner, W., Gonzalez, R. & Nolen-Hoeksema, S. Rumination Reconsidered: A Psychometric Analysis. *Cognitive Therapy and Research* 27, 247–259 (2003).
<https://doi.org/10.1023/A:1023910315561>
- **PANAS scale** Watson, D., Clark, L. A., Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, (54), 1063-1070.

Diseases/Disorders/Neurodivergence/Head injury

- Do you have epilepsy? / Have you ever had a fit or seizure?
- Do you have any diseases/disorders related to the eye or brain?
- Are you neurologically healthy? / Do you have a history of neurological disease?
- Do you have / have you had any neurological problems?
- Do you have / have you had a developmental disorder?
- Do you have dyslexia?
- Do you have Attention Deficit Hyperactivity Disorder (ADHD)? / Do you have Attention Deficit Disorder (ADD)?
- Do you have any brain damage e.g., Parkinsons, Alzheimers?
- Other than your stroke, have you ever experienced any other form of brain damage? Do you think it's possible you have dementia or Parkinson's disease, for instance? Or have you ever suffered a traumatic brain injury?
- Have you ever been diagnosed with any form of sleep disorder?
- Have you ever been diagnosed with any form of hormonal disorder?
- **Modified COVID-19 Yorkshire Rehabilitation Screening (C19-YRS) Self-report version**
- **Adult ADHD Self-Report Scale (ASRS-v1.1)**
- **Obsessive Compulsive Inventory**
<https://www.onlinecbtresources.co.uk/obsessive-compulsive-inventory/>

Medication

- Are you taking certain prescription medications?
(we may specify certain medications, for example we might ask “Do you use medications/drugs with potential vascular or central nervous system effects?”)
- Do you take any anticoagulant medication (blood thinners) or have you taken any in the last two weeks? If Yes, please list the medication name, dosage and how often you take it below:
- Do you take any mental health medication (such as antidepressants, anti-anxiety medication) or have you taken any in the last two weeks? If Yes, please list the medication name, dosage and how often you take it below:

- Do you take any chronic disease medication (e.g., for heart disease, diabetes, etc.) or have you taken any in the last two weeks? If Yes, please list the medication name, dosage and how often you take it below:
- Do you take any other medication (including painkillers, vitamins or supplements, etc.) or have you taken any in the last two weeks? If Yes, please list the medication name, dosage and how often you take it below:

Stroke

- Have you ever had a Cerebrovascular Accident (CVA) / stroke?
- Can you tell me when you had your stroke/ most recent stroke?
- When you had your stroke, can you remember which hospital you were admitted to? If so, do you remember which consultant you were seen by/had contact with?
- Did you have any speech and language therapy following your stroke? If so, how often did you have these sessions and for what period of time? Are you taking part in any speech and language therapy at the moment?
- Since your stroke do you experience any weakness on one side of your body? If so, which side?"
- If possible, it's useful for us to know which areas of your brain were affected by your stroke. Can you remember having an MRI scan while in hospital following your stroke? If so, do you remember which hospital this scan took place at? Would you be happy for us to try and obtain some images of this scan from the hospital? If so, we can submit a request together with you, and can make sure you have access to these images as well if that's something you'd like?

Lifestyle

- Are you a smoker?

If the following questions are needed, the participant will be asked to tick one box to confirm that all the statements they are given are true. They will not be asked to answer these questions separately.

- *During the past three months, I have not used any illicit drugs for recreational purposes*
- *During the past three months, I have not regularly consumed in excess of 14 units of alcohol (equivalent to six pints of beer or seven glasses of wine) per week*

Other

- Do you have any problems with the recognition of faces or objects?
- **WHOQOL-BREF**
Development of the World Health Organization WHOQOL-BREF quality of life assessment. The WHOQOL Group. (1998) Psychol Med, 28(3), 551-558.
- **The Pittsburgh Sleep Quality Index (PSQI)**
- Do you experience fatigue?
- The Examination of Anomalous Self Experience (EASE) (SQuEASE-6)

If they are in doubt about how to answer a question, they can contact the researcher or YNiC for further clarification. The researcher / YNiC staff may ask necessary additional questions as part of this process.

