

Mandatory questionnaire for participation in fMRI research

In your own interest and in the interest of our research, it is important to read this survey carefully to detect any possible contraindications before the start of the experiment. **Please note:** If the provided information appears incorrect during review, the experiment can be cancelled at all times (i.e. at the appointment).

1. Do you have a neurological history (e.g. epilepsy, brain tumor) or did you have an accident that (possibly) resulted in brain damage (e.g. stroke, concussion, skull fracture)?
2. Do you have a psychiatric history (e.g. depression, anxiety, psychosis)?
3. In the past six months, have you taken any antidepressants, antipsychotic medication and/or sleep medication?
4. Have you ever been diagnosed with a developmental disorder (e.g. ADHD, autism) or a learning disorder (e.g. dyslexia, dyscalculia, dyspraxia)?
5. Do you have a medical condition that could affect your thinking ability (e.g. migraine, diabetes, AIDS)?
6. Did you ever receive chemotherapy treatment?
7. Do you have an eye or vision condition (e.g. colour blindness, glaucoma)? (*Need for vision correction due to near- or farsightedness and/or astigmatism are not considered eye or vision conditions.*)
8. If you need vision correction (due to near- or farsightedness and/or astigmatism), can this only be done by wearing eyeglasses (and not contact lenses)?
9. Do you wear non-removable dental braces?
10. In the past six months, have you taken part and/or are you currently taking part in a drug research study (e.g. to test a new medicine)?
11. In the past, have you taken drugs more than once or are you currently (on occasion) taking drugs (e.g. cannabis, cocaine, speed)?
12. On average, do you drink more than 10 units of alcohol per week? (1 unit: e.g. 1 glass of beer or wine.)
13. Do you expect to experience problems when lying still on your back for at least one hour inside a small, narrow tube (e.g. because of asthma, claustrophobia, back problems)?