

	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ___/___/_____	Visit #: _____

Eligibility Confirmation – MAPP SPS Neuroimaging Study

Research Coordinator completes at **Screening Week 0.**

1. Participant agrees to complete Neuroimaging MRI scan and procedures as scheduled for the **Baseline Week 4 contact.** ₁ Yes ₀ No

If Q.#1 is **YES**, please continue to Q.#1a.

If Q.#1 is **No**, please skip to Q.#1b.

a. Please confirm date the MRI scan is scheduled for the Baseline Week 4 contact: _____

MM / DD / YYYY

b. Did the Participant decline the Neuroimaging study procedures? ₁ Yes ₀ No

Exclusion Criteria

2. Participant has CNS Disease, including structural brain abnormalities (e.g., neoplasms, subarachnoid cysts), cerebrovascular disease, ongoing infectious disease (e.g., abscess), history of other neurological disease, including stroke or seizure disorders. ₁ Yes ₀ No

3. Participant has claustrophobia: Potential participants will be questioned about possible discomfort with being in an enclosed space (e.g., MRI scanner). Those who report such problems will be excluded. ₁ Yes ₀ No

4. Participant has vision or hearing impairments that would impede completion of study procedures. ₁ Yes ₀ No

5. Participant has any metal implants, devices, or jewelry that would be unsafe in the MRI, or meets any other exclusionary criteria as specified by the Magnetic Resonance Screening form. ₁ Yes ₀ No

(Please refer to the Magnetic Resonance Screening administrative form: MR_SCREEN.)

6. Participant has an active neurostimulator. ₁ Yes ₀ No

9. Participant ineligible due to other reasons. ₁ Yes ₀ No

a. Please specify: _____

ALL EXCLUSION CRITERIA RESPONSES ABOVE MUST BE “NO” FOR THE PARTICIPANT TO BE ELIGIBLE FOR ENROLLMENT IN THE TRANS-MAPP NEUROIMAGING STUDY

7. Did the participant meet all Eligibility Criteria for the MAPP SPS Neuroimaging Study? ₁ Yes ₀ No

8. Research Coordinator ID _____ (4-digit ID)