

Picture 9. Questionnaire for Subjects

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Please answer all questions. Please write NO, NONE, and NOT APPLICABLE if appropriate.

Date of completion \_\_\_\_\_

Name of subject \_\_\_\_\_

First Middle Last Modifiers (eg, Jr, III)

Street address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_

Telephone number Check preferred \_\_\_\_\_ Home \_\_\_\_\_

\_\_\_\_\_ Work \_\_\_\_\_

FAX \_\_\_\_\_

Email \_\_\_\_\_

May we contact you at work? **Yes or No**

Medical Record Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_\_

What is your marital status? \_\_\_\_\_

- 1 = Married or living with someone as if married
- 2 = Widowed
- 3 = Divorced or annulled
- 4 = Separated
- 5 = Never married

How many children do you have? \_\_\_\_\_

Height in inches \_\_\_\_\_ Weight in pounds \_\_\_\_\_ Handedness **R or L or ambidextrous**

Occupation \_\_\_\_\_

Mother's first name \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

Father's first name \_\_\_\_\_

Father's last name \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's phone \_\_\_\_\_

May we call your physician for additional information? **No = 0**  
**Yes = 1**

Have you ever been told that you have obsessive compulsive disorder (OCD)? **No = 0**  
**Yes = 1**

Have you ever been told that you have attention-deficit/hyperactivity disorder (ADHD)? **No = 0**  
**Yes = 1**

Have you ever been told that you had any other psychiatric, psychological, behavioral, or emotional problems? **No = 0**  
**Yes = 1**

Please list all \_\_\_\_\_

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Have you ever been told that you had any other medical, surgical, or neurological disorders? **No = 0**  
**Yes = 1**

Please list all \_\_\_\_\_

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Have you ever been hospitalized in a psychiatric hospital overnight? **No = 0**  
**Yes = 1**

If yes, when and where was the last time? \_\_\_\_\_

Please list all \_\_\_\_\_

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Have you ever tried to kill yourself? **No = 0**  
**Yes = 1**

If yes, when and where was the last time? \_\_\_\_\_

Please list all \_\_\_\_\_

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Do you have any allergies? **No = 0**  
**Yes = 1**

Please list all \_\_\_\_\_

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Are you allergic to any medications like penicillin, iodide, or x-ray dye? **No = 0**  
**Yes = 1**

If yes, what happens? \_\_\_\_\_

Please list all \_\_\_\_\_

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During allergic reactions, do you break out in hives or rashes? **No = 0**  
**Yes = 1**

During allergic reactions, do you have trouble breathing? **No = 0**  
**Yes = 1**

How many cups of coffee do you drink daily? \_\_\_\_\_

Did you ever smoke cigarettes? **No = 0**  
**Yes = 1**

If yes, when did you start? Year \_\_\_\_\_

Do you smoke cigarettes currently? **No = 0**  
**Yes = 1**

If yes, how many packs of cigarettes do you smoke daily? \_\_\_\_\_

How much alcohol do you usually drink? \_\_\_\_\_

What is the greatest amount of alcohol that you used to drink in the past?

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What street, recreational, or nonprescribed drugs do you currently use?

Please list all \_\_\_\_\_

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What is the greatest amount of street, recreational, or nonprescribed drugs that you used to use in the past? \_\_\_\_\_

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Are you able to remain in a closed space for a couple of hours?

**No = 0**

**Yes = 1**

Do you have scoliosis (curvature of the spine) or other problems that would interfere with your lying on a flat table for 90 minutes?

**No = 0**

**Yes = 1**

Do you take haloperidol (Haldol)?

**No = 0**

**Yes = 1**

If yes, what is the dosage in milligrams? \_\_\_\_\_

Do you take pimozide (Orap)?

**No = 0**

**Yes = 1**

If yes, what is the dosage in milligrams? \_\_\_\_\_

Do you take fluoxetine (Prozac)?

**No = 0**

**Yes = 1**

If yes, what is the dosage in milligrams? \_\_\_\_\_

Do you take Buspar (buspirone)?

**No = 0**

**Yes = 1**

If yes, what is the dosage in milligrams? \_\_\_\_\_

Do you take any other medication?

If yes, please list names and dosages in milligrams.

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How did you find out about this study? \_\_\_\_\_

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Are you interested in taking part in a study in order to advance medical research?

**Yes or No**

Are you interested in taking part in a study in order to receive financial compensation?

**Yes or No**