

DPIA_183 List of Approved Questionnaires

The following document contains a list of Questionnaires approved for researchers at YNiC to use under DPIA_183.

DPIA approval is required for the collection of any 'special category' data, i.e. personal data that reveals sensitive information about a person. Examples include, racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data (for unique identification), data concerning health, and data concerning a natural person's sex life or sexual orientation.

If you are in any doubt as to whether the data you wish to collect could be considered as 'special category' please use the [University DPIA screening tool](#), or contact the YNiC Ethics Committee (rec-submission@york.ac.uk).

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1. 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?

2. Vision

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

3. Hearing

- Do you have normal hearing?

4. 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)**
 - [10.1037/0022-006x.56.6.893](https://doi.org/10.1037/0022-006x.56.6.893)
- **The Beck Depression Inventory (BDI-II)**
 - <https://doi.org/10.1037/t00742-000>
- **CES-Depression Scale**
 - <https://doi.org/10.1177/014662167700100306>
- **Revised Children's Anxiety and Depression Scale**
 - [rcads-childreported_8-18.pdf \(corc.uk.net\)](https://www.corc.uk.net/rcads-childreported_8-18.pdf)
- **Emotion Regulation Questionnaire**
 - [10.1037/0022-3514.85.2.348](https://doi.org/10.1037/0022-3514.85.2.348)
- **State-Trait Anxiety Inventory**
 - <https://doi.org/10.1037/t06496-000>.

- **Liebowitz Social Anxiety Scale: for adults (LSAS)**
 - <https://nationalsocialanxietycenter.com/liebowitz-sa-scale/>
- **Rush Alzheimer's Disease Center (RADC) Anxiety - 20 questions**
 - https://www.radc.rush.edu/docs/var/detail.htm?category=Affect+and+Personality&subcategory=Negative+affect&variable=anxiety_20items
- **Ruminative Response Scale**
 - <https://doi.org/10.1023/A:1023910315561>
- **PANAS scale**
 - [10.1037//0022-3514.54.6.1063](https://doi.org/10.1037//0022-3514.54.6.1063)

5. 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**
 - <https://c19-yrs.com/>
- **Adult ADHD Self-Report Scale (ASRS-v1.1)**
 - <https://novopsych.com.au/assessments/diagnosis/adult-adhd-self-report-scale-asrs/>
- **Obsessive Compulsive Inventory (OCI)**
 - <https://www.onlinecbtresources.co.uk/obsessive-compulsive-inventory/>
- **Autism Spectrum Quotient (AQ)**
 - [10.1023/a:1005653411471](https://doi.org/10.1023/a:1005653411471)
- **The Autism Spectrum Quotient (AQ) – Adolescent Version**
 - <https://link.springer.com/article/10.1007/s10803-006-0073-6>

6. 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:

7. 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?

8. 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

9. Pregnancy

- Have you been told that your pregnancy is high risk?

- Are you currently under consultant care?
- Do you have any psychiatric conditions or are you on psychoactive medications?
- Do you have a history of, or currently have epilepsy?
- Are you pregnant with multiple foetus'?
- Are you in the first trimester (before 13 weeks)?
- Do you have a history of drug or alcohol abuse, neurological, psychiatric or sleep disorders?
- Do you have a sleep-wake pattern where you would typically rise by at least 9am each morning, after a duration of at least 6 hours sleep per night or longer?
- Are you a smoker?
- Have you had any alcoholic drinks or caffeinated products 24 hours before this session?
- **Multidimensional Assessment of Interoceptive Awareness in Pregnancy (MAIA-Preg)**
 - [0.3886/e210202v1](https://doi.org/10.3886/e210202v1)
- **Maternal Antenatal Attachment Scale (MAAS)**
 - <https://doi.org/10.25957/5dc0ed9114337>
- **The Body Understanding Measure for Pregnancy Sale (BUMPS)**
 - [10.1016/j.bodyim.2024.101847](https://doi.org/10.1016/j.bodyim.2024.101847)

10. COVID

- Have you been diagnosed with long COVID (post COVID-19 syndrome) by a medical professional? Yes/No
- How many months has it been since your long COVID symptoms started?
- Think about your overall symptoms for long COVID and their impact on your life.
- Please rate your symptoms (None / Mild / Moderate / Severe)
- Have you been infected with COVID-19 in the last 12 weeks (3 months)? Yes/No
- How many times have you had COVID-19? (Not had COVID-19 / One / Two / Three / Four or more times)
- Have you had a vaccine for COVID-19?
- Do you currently have 'brain fog'? (for example, difficulty in thinking clearly or quickly, concentrating, having a conversation, remembering things, or getting tired easily after mental effort) (None / Mild / Moderate / Severe)

11. Other

- Do you have any problems with the recognition of faces or objects?
- Do you experience fatigue?
- **WHOQOL-BREF**
 - [10.1017/s0033291798006667](https://doi.org/10.1017/s0033291798006667)
- **The Pittsburgh Sleep Quality Index (PSQI)**
 - [10.1016/0165-1781\(89\)90047-4](https://doi.org/10.1016/0165-1781(89)90047-4)
- **The Examination of Anomalous Self Experience (EASE) (SQuEASE-6)**
 - [10.1159/000088441](https://doi.org/10.1159/000088441)
- **Multidimensional Experience Sampling (MDES) Questionnaire**

- **Hexaco Personality Inventory (HEXACO-100)**
 - <https://hexaco.org/hexaco-inventory>
- **Barratt Impulsiveness Scale (BIS-11)**
 - https://qxmd.com/calculate/calculator_854/barratt-impulsiveness-scale-bis-11
- **Executive Skills Questionnaire - Revised (ESQ-R)**
 - <https://novopsych.com.au/assessments/formulation/executive-skills-questionnaire-revised-esq-r/>
- **Gastro Interoception Questionnaire (GIE)**
- **Body Shape Questionnaire (BSQ-8C)**
 - <https://www.psychtc.org/psychtc/root/tools/bsq/>
- **Launay-Slade Hallucination Scale - Revised (LSHS-R)**
 - [https://doi.org/10.1016/S0191-8869\(02\)00354-9](https://doi.org/10.1016/S0191-8869(02)00354-9)
- **Inventory of Psychotic-Like Anomalous Self-Experiences (IPASE)**
 - [10.1037/pas0000304](https://doi.org/10.1037/pas0000304)