

### Questionnaire for MEG participants

The MEG examination poses no risk to the subject. The aim of this questionnaire is to ensure that the examination is technically feasible. In particular, it will look for any factors that could disturb the surrounding magnetic field and thus affect the quality of the MEG signals recorded.

If you are unsure about any of these points, please contact the HNP-MEEG staff. This document will remain in the researcher's possession.

#### **Participant identity:**

Participant code:

#### **Do you carry any of the below-mentioned items:**

| Matériel   | Yes | No |
|--|-----|----|
| Pace-maker   |     |    |
| Insulin pump, implanted neurostimulator  |     |    |
| Heart valve  |     |    |
| Cochlear implants  |     |    |
| Prosthesis   |     |    |
| Neurosurgical clip (e.g. for intracranial aneurysm)                            |     |    |
| Orthodontic device (dental prosthesis, retainers,...)                          |     |    |
| Surgical suture with metallic thread or staples                                |     |    |
| Piercing, tattoo   |     |    |
| If yes, location :   |     |    |
| Permanent eye makeup   |     |    |
| Hair dyeing, hair extensions, dread-locks                                      |     |    |
| Foreign body in the eyes   |     |    |
| Shrapnel or metallic object  |     |    |
| Filter in the venae cavae after pulmonary embolism                             |     |    |
| Did you have or do you plan to have an MRI examination 14 days before the MEG? |     |    |
| If yes, date :   |     |    |
| Do you work with metals?   |     |    |
| If yes, please specify:  |     |    |
| Have you ever had surgery?   |     |    |
| If yes, please specify:  |     |    |

**Result:** Is the participant compatible with a MEG examination?

Date:

Investigator: