

Pre-screening questionnaire

Thank you for your interest in our clinical trial:

‘Home-based EEG neurofeedback to reduce chronic neuropathic pain, a cohort clinical trial’

This questionnaire will enable us to determine whether or not you meet the eligibility criteria to take part in this clinical trial. To ascertain eligibility, please could you complete all questions in this form and also add all your relevant contact details as requested below. After you have done this, then please return this form to us by email. If we require any further information or have any additional questions, we will contact you. After we have received your completed form, we will contact you within 2 weeks to let you know whether or not you meet the eligibility criteria. If you do meet the eligibility criteria, then we will send you a copy of the Participant Information Sheet, which gives further detail on the trial and a copy of the consent document for reading and understanding.

After completion of this form, please return it by email to:

Co-Investigator

This form will then be shared with the Research Team for assessment of trial eligibility:

Chief Investigator:

Co-Principal Investigator

Research Assistant:

Thank you.

Date of completion of this form:

How did you hear about this research trial? (Source of information)

Name:

Email address:

Telephone contact number (Landline and/or mobile):

Home Address:

General Practitioner name and address:

Name, role and location contact details of any other hospital doctors currently involved in your care:

Please answer the following eligibility criteria questions:

- 1. Are you 18 years or older? (Yes/No) Please also add your age here**

- 2. Have you had ongoing moderate to severe pain on most days for 3 months or longer? (Yes/No)**

- 3. Where do you experience this pain? (Please be as specific as you can about the location/s of the pain in your body)**

- 4. Are you aware of what may be causing this pain? If so, please identify potential cause/s and diagnosis/diagnoses? Please add date of any relevant diagnoses.**

5. For approximately how long have you experienced this pain?
(weeks/months/years)

6. Please rate your pain by selecting the one number that best describes your pain on the AVERAGE in the last week
From 0 (no pain) to 10 (pain as bad as you can imagine)

7. Do you have an implanted neuromodulation device, pacemaker or loop recorder
(Yes/No)

If yes, please give details:

8. Have you previously undertaken neurofeedback training? (Yes/No)

If yes, please describe:

9. Do you have a history of any head injury, loss of consciousness, concussion or seizures? (Yes/No) If yes, please provide as much detail as possible, including dates:

10. Do you currently have a health condition (including your pain) or any other reason that prevents you from placing both hands on your head, sitting in a chair for 5 minutes without moving, or wearing a headset on your head for up to 40 minutes at a time (Yes/No)? If yes, please explain:

11. Have you been diagnosed with or do you currently take medications for a mental health condition? (Yes/No) If yes, please describe in as much detail as possible, including dates:

12. Have you been diagnosed with a neurological condition (problem with your brain or nervous system) in the past? (Yes/No) If yes, please describe in as much detail as possible, including dates. Please also identify any medication and treatment that you may be receiving with regard to any diagnosed neurological condition.

13. Have you ever been diagnosed with a condition that affects your thinking or decision making? If yes, please describe in as much detail as possible, including dates:

14. Are you taking any regular medication? If yes, then please identify the name of the medication, dose and what you are taking it for:

15. If you are taking regular medication, has it been changed in the last month? (Yes/no) If yes, please describe in as much detail as possible, including dates:

**16. What is your current pain management treatment?
Are there any changes planned in your pain treatment over the next 4 months?
(Yes/No)**

If yes, please provide as much information as possible:

THE FOLLOWING SECTION IS FOR COMPLETION BY THE RESEARCH TEAM ONLY:

Outcome of pre-screening questionnaire: Meets eligibility criteria – Yes/No