

Eligibility Questionnaire

1. What is your name?

2. Phone number (where you can be reached)

3. What is your email address

4. How old are you?

5. What is your sex?

6. How much schooling have you completed (be precise, last completed year)?

7. Are you right or left handed?

8. Is your vision 20/20 or do you wear glasses?

9. Is your vision perfect with glasses?

10. Do you have strabismus or color blindness?

11. On average, how much alcohol do you consume per week?

12. Do you use drugs regularly?

13. If "yes" which drugs, and what frequency?

14. If "no" do you use marijuana?

15. Have you ever used any drugs by injection?

**16. Do you smoke cigarettes?
(How many per day?)**

17. Can you go three hours without smoking without feeling too stressed?

18. Have you ever been hit in the head and lost consciousness? Did you ever lose consciousness for more than 5 minutes?

19. Have you ever had a seizure?

20. Do you get migraines lasting several days?

21. Have you ever had a problem relating to your mental health, like depression or panic or other anxiety troubles?

22. Were you ever given a psychiatric diagnosis? If so, specify which disorder, when diagnosis was given, and if it is still ongoing.

23. Have you needed to take the medication in the past two years?

24. **Do you take any medications now? If yes, please specify.**

25. **Has anyone in your family been diagnosed with schizophrenia, bipolar disorder, or manic depression?**

26. **How long have you known your sibling/friend?**

27. **How often do you spend time with your friend/sibling?**

28. **Do you consider yourself to be a people pleaser (a social chameleon)?**

Check all that apply.

☐ Yes

☐ No

29. **How many people do you consider close in your life? (People with whom you share similar values, perceptions, personality; people that you feel understand you at a deeper level)**

Mark only one oval.

☐ Between 1 and 5

☐ Between 6 and 10

☐ 11 and more

**30. What is the name of the friend
with whom you are
participating?**
