Instructions:

* Please fill in all the information below and submit by email to [**urpp@yorku.ca**](mailto:urpp@yorku.ca) by August 25TH to have your items included in the pre-screen this year.
* All items in the prescreen will be answered by most of next year’s 5000 students in PSYC1010, so please **only include items necessary for pre-selection**.
  + Our departmental approval states that the pre-screen is to be used for pre-selection purposes, not a mass-testing for scale validation or for assessment of covariates or moderators to be used “in case I need them” later.
* Note that the full pre-screen will be submitted to the departmental ethics committee prior to being posted. This is in addition to your having ethics approval for the items you submit. Your prompt reply to any inquiries arising from the ethics review process is essential to getting the prescreen finalized in time.
* Questionnaires must be submitted in the specified format. Copy and paste the below table as needed.
* Reminders:
  + A maximum of **10** items can be submitted per **lab** (not per researcher)
  + Items should be submitted as multiple choice items. Only multiple choice items can be used to set study restrictions, that is, to allow only certain participants to see your study.
  + To use your items, go to the study information of an already created study, and click on view/modify the prescreen restrictions. You will then be able to select the items you want to use to set restrictions. Click the button at the bottom of the page to select the response options that will allow participants to see your study.

Contact Name:

Contact Email:

Lab:

Ethics Approval Number (If you received ethics approval at the department level, just enter dept approval):

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| --- | --- |
| Questionnaire Instructions: | Do you play a music instrument? |
| Response options: | Multiple-choice |
| Variable Name | Item |
|  | No, never |
|  | Not in the past year |
|  | Yes, at least a few times a month |
|  | Yes, at least once a week |
|  | Yes, more than once a week |

|  |  |
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| Questionnaire Instructions: | If you play a music instrument on a regular basis (at least once a month in the past few months), which instrument? |
| Response options: | Multiple-choice |
| Variable Name | Item |
|  | Piano, keyboard or similar |
|  | Guitar or similar |
|  | Other string instrument |
|  | A wind instrument |
|  | Drum or percussion |

|  |  |
| --- | --- |
| Questionnaire Instructions: | Have you ever suffered from a concussion (traumatic brain injury)? |
| Response options: | Multiple-choice |
| Variable Name | Item |
|  | No, never |
|  | Yes, but several years ago |
|  | Yes, my most recent was over a year ago |
|  | Yes, in the past year |
|  | Yes, in the past few months |
|  | Yes, in the past month |