Supplementary Figure 1. Experience and acceptability questionnaire completed by patients following brain neuroimaging.

STUDY NUMBER............................

We would like to ask you some questions about your experience during the brain scan.
Please circle the number that matches your answer to each question.

Did you experience any discomfort during the brain scan?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Were you worried during the brain scan?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Do you think there are any risks for you in having a brain scan?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Were the instructions during the brain scan easy to understand?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Overall, do you think it is ok for a brain scan to be performed to help understand "nerve" pain in children?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Would you be happy to have a brain scan again in the future as part of your medical care?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Would you be happy to have a brain scan again in the future for medical research purposes?

0  1  2  3  4  5  6  7  8  9  10
Not at all  Very much so

Do you want to tell us anything else about the brain scan test?

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