

**Multi-Ethnic Study of Atherosclerosis
Exam 4**



MRI Exclusion

Id#: _____

Acrostic: _____

Date: / /
 Month Day Year

1 Do you have an aneurysm clip in your brain?

YES NO



Please indicate Manufacturer and Model
(needs to be verified from medical records)

Hospital Name _____

City, State _____

If not available, skip to question 6

2 Do you have metal fragments in your eyes, brain, or spinal cord?

YES * NO



skip to question 6

3 Are you (or have you been) a metal worker, welder or grinder in your job?

YES NO

4 Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator, pacemaker or ICD?

YES * NO



skip to question 6

5 (FEMALE ONLY) Are you or do you believe you may currently be pregnant?

YES * NO



skip to question 6

6 Does participant pass all MRI exclusion criteria?

NOTE: Starred responses indicate that the participant is ineligible

YES NO



skip to Clinic Technician ID

MRI Appointment Information

Read description of MRI procedure

7 Does participant agree to MRI?

YES



Appointment Date:

/ /

Appointment Time: : M

YES, but another time



Contact after:

/ /

NO → Reason for refusal:

- Not interested
- Sick
- Caring for person at home
- Claustrophobia
- Other:

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Technician ID#

Reviewer ID#

Data Entry ID#