



Exam 6

Brain MRI Scheduling Form

Participant ID #:

Acrostic:

Technician ID:

Date: / /

Month Day Year

“When you came to your main MESA examination last year on *[insert consent date]*, you agreed to wear a heart monitor patch. Thank you so much for your cooperation, the study is getting very valuable information from the heart monitor. If you will recall, you also agreed to have a brain MRI to look at the structure of the brain. It is now time to schedule your brain MRI. This can be done after *(insert 15 month date)*. I just have a few questions to make sure you are still eligible for the MRI procedure. We have asked these questions before but it is important to make sure that nothing has changed.”

1. Do you have... (Mark all that apply)

- Yes* No Cardiac Pacemaker and/or Automatic Implantable Defibrillator
- Yes* No Cerebral aneurysm clip
- Yes* No Neurostimulator
- Yes* No Cochlear, otologic, or other ear implant
- Yes* No Magnetically or electrically activated device? (Insulin or infusion pump)
- Yes* No Exposure to metal fragments in or around the eyes? Or work with metal such as arc-welding, grinding, drilling metal, tool and die work

2. Or are you... (Mark all that apply)

- Yes* No Pregnant or at risk for pregnancy
- Yes* No Severely claustrophobic (see Claustrophobia protocol)
- Yes* No Having difficulty lying flat or breathing

If participant responds Yes to any item in 1 or 2 above, state:

“I am sorry, but due to your having *[insert item(s) marked yes]*, you are no longer eligible for the brain MRI. Thank you very much for your participation in the project”.

Otherwise, state:

“Great, you are still eligible for the brain MRI. Let’s identify a date and time that will work for you. The MRI will take about 40 minutes *(at sites where applicable: and we will provide transportation to and from the appointment).*”

Date and time MRI scheduled: / / : AM
Month Day Year PM

“I have a few additional questions for you. These will help us understand the images that are seen on the MRI. I am going to ask you about head injuries that you may have had any time in your life.”



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3. In your lifetime, have you ever had a blow to the head in the following situations: in a car crash, hit by an object, due to a fall, in sports, while being assaulted or mugged, or during military service?

No → "Thank you, we will see you on [insert date above]"

Yes

↳ 4. How many times?

5. What was your age...

At the first head injury

At the most recent head injury

6. Did you black out or lose consciousness with any of those head injuries?

No → **Go to Q7**

Yes

↳ 7. How many times?

8. What was the longest period of time you lost consciousness?

- less than 1 minute
- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- 1 hour to 23 hours
- 1 day to 1 week
- 1 week to 1 month
- more than 1 month
- Don't know



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9. Were you ever dazed and confused after a blow to the head?

No → “Thank you, we will see you on [insert date above]”

Yes

└─→ 10. How many times?

11. What was the longest period of time you were dazed or confused?

- less than 1 minute
- 1 to 10 minutes
- 11 to 20 minutes
- 21 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- 1 hour to 23 hours
- 1 day to 1 week
- 1 week to 1 month
- more than 1 month
- Don't know