



MRI Exclusion

Id#: IDNO

Acrostic: ACROSTIC

Date: / **MRIEDT1**
Month Day Year

1 Is participant eligible on basis of weight?

1 YES 0 NO * **WTELIG1**

↓
skip to question 8

2 Do you have an aneurysm clip?

1 YES 0 NO **ANCLIP1**

↓
Hospital Name _____

City, State _____

Check medical records - were metal clips used?

1 YES * 0 NO **METCLIP1**

↓
skip to question 8

3 Have you ever had metal fragments in your eyes, brain, or spinal cord?

1 YES * 0 NO **METFRAG1**

↓
skip to question 8

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

1 YES 0 NO **METWORK1**

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

1 YES * 0 NO **INTELEC1**

↓
skip to question 8

6 Do you have any metal implants, plates or other devices in any part of your body?

1 YES * 0 NO **METIMPL1**

↓
skip to question 8

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

1 YES * 0 NO **CURPREG1**

↓
skip to question 8

8 Does participant pass all MRI exclusion criteria?

NOTE: Starred responses indicate that the participant is ineligible

1 YES 0 NO **PASSEXC1**

↓
skip to Clinic Technician ID

MRI Appointment Information

Read description of MRI procedure

9 Does participant agree to MRI?

1 YES **AGRMRI1**

↓
Appointment Date:

/ **MRAPTD1**

Appointment Time: **MRAPTTM1** M

2 YES, but another time

↓
Contact after:

/ **MRAFTDT1**

0 NO → Reason for refusal: **MRREFUS1**

- 1 Not interested
- 2 Sick
- 3 Caring for person at home
- 4 Claustrophobia
- 5 Other:

MRREFTX1

FOR MESA FIELD CENTER USE ONLY

Technician ID#: **MRIETID1**

Reviewer ID#: **MRIERID1** Data Entry ID#: **MRIEDID1**