



MRI RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER:

FORM CODE:

DATE: 11/14/2016
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Study: (See QxQ for list of study codes)

0d Would you be interested in participating in this part of this study, as I've described?

Y Yes **GO TO ITEM 1**

N No

0d1. If no, why not? _____ **GO TO CLOSING SCRIPT**

1. Do you have a cardiac pacemaker or a defibrillator?

Y Yes **GO TO ITEM 11**

N No

2. Do you have artificial valves in your heart?

Y Yes

N No **GO TO ITEM 3**

a. MRI examinations are safe for some artificial heart valves, but not for others. Do you have a product card that tells what type of heart valve was implanted?

Y Yes

N No **GO TO ITEM 3**

b. Name of the heart valve on product card

s Starr-Edwards **GO TO ITEM 11**

o Other product

3. Do you have any metal in or near your head, spinal cord, eyes, or in your chest?

Y Yes **GO TO ITEM 11**

N No

4. Do you have any internal electrical devices, such as a cochlear implant, TENS stimulator (for pain), vagal nerve stimulator, brain stimulator, gastric pacemaker, bladder stimulator, or an implanted mechanical pump (such as an insulin pump or pain pump)?

Y Yes **GO TO ITEM 11**

N No

5. Do you weigh more than 350 pounds?

Y Yes **GO TO ITEM 11**

N No

6. Do you have permanent eyeliner?

Y Yes **GO TO ITEM 11**

N No

7. Have you had surgery for an aneurysm?

Y Yes

N No **GO TO ITEM 8**

7a. If yes, in what year? _____

8. Do you have surgically implanted dentures that use magnets?

Y Yes **GO TO ITEM 11**

N No

9. Has a physician told you that you should not have an MRI exam?

Y Yes **COMPLETE 9a, THEN GO TO ITEM 11**

N No

9a. What was the reason your physician told you?

10. Did you in the past or do you currently weld metal?

Y Yes

N No

11. [*For Staff:*] Did participant meet all eligibility criteria?

Y Yes

N No **GO TO CLOSING SCRIPT A**

CLOSING SCRIPT A (If participant does NOT meet all eligibility criteria):

“Unfortunately, we cannot ask you to participate in the MRI component of the study at this time.”

12. [For Staff:] Did participant agree to the study?

Y Yes

N No **COMPLETE 12a, THEN GO TO CLOSING SCRIPT B**

12a. If no, why not? _____

CLOSING SCRIPT B (for participants who decide NOT to participate):

Thank you for your time. → End of Form

13a. MRI Appointment date: //
Month Day Year

13b. MRI Appointment time: :
Hour Min