Multi-Ethnic Study of Atherosclerosis

MRI Exclusion

Id#:

Acrostic: _____

Date: __ __ / __ __ / __ __ __ __

Month Day Year

1 Is participant eligible on basis of weight?

O YES O **NO *** → *skip to question 8*

2 Do you have an aneurysm clip?

O YES → O NO

Hospital Name _____

City, State _____

Check medical records - were metal clips used?

O **YES *** → *skip to question 8* O NO

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

O **YES *** → *skip to question 8* O NO

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

O YES O NO

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

O **YES *** → *skip to question 8* O NO

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

O **YES *** → *skip to question 8* O NO

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

O **YES *** → *skip to question 8* O NO

8 Does participant pass all MRI exclusion criteria?

NOTE: Starred responses indicate that the participant is ineligible

O YES O NO → *skip to Clinic Technician ID*

MRI Appointment Information

Read description of MRI procedure

9 Does participant agree to MRI?

O YES → Appointment Date: __ __ / __ __ / __ __ __ __

Appointment Time: __ __ : __ __ __ M

O YES, but another time → Contact after: __ __ / __ __ / __ __ __ __

O NO → Reason for refusal:

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

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Technician ID#: __ __ __

Reviewer ID#: __ __ __

Data Entry ID#: __ __ __

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