

## MRI SCREENING FORM

NUMBER:		CONTACT YEAR:	FORM CODE: MISIC	
	444	]	10.00	VERSION: A 04-21-93
ST NAME:			INITIALS:	
or reviewing instruct eviewing the collecti f information includi	tions, searching e on of information ing suggestions for the Ave. SW, Washin	existing data sources, Send comments regal or reducing this burden gton, D.C. 20201, At	is estimated to average 2 minutes per, gathering and maintaining the data nerding the burden estimate or any other en to Reports Clearance Officer, PHS, 7 tn. PRA; and to the Office of Managemen	eded, and completing and aspect of this collection 21-M Hubert H. Humphrey
enter in th incor incor most	ed above. Whenever in the rest box. rectly, mark through rect entry. For	er numerical response Enter leading zeroes ugh the incorrect ent "multiple choice" and	rticipant's visit. ID Number, Contact is are required, enter the number so the where necessary to fill all boxes. If any with an "X". Code the correct entry laws/now type questions, circle the lecircled incorrectly, mark through it with	at the last digit appears f a number is entered y clearly above the
		MRI SCREENING FOR	RM (MSCA screen 1 of 4)	
1. Have you ever had 2. Have you ever had on an aneurysm in	surgery	····· Yes Y No N	5. Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator?  Exclude, Go to Item 7.	Yes Y
Exclude, Go to Item		Yes Y No N Unknown U	6. [For females only] Could you be pregnant?	Yes Y No N Don't Know D
<ol> <li>Do you have metal fragments in your brain, or spinal</li> </ol>		Yes Y	7. Does participant pass all MRI exclusion criteria?	Yes Y
Exclude, Go to Item	7.	No N	Go to Item 16, Screen 4.	NO N
4. Do you have a card or a heart valve		Yes Y		
Go to Item	7.	, no n		

MRI SCREENING FORM (MSCA screen 2 of 4) 10. Have you ever been told you B. INTERVIEW have cerebral palsy? ..... 8.a. Have you ever had an injury that resulted in loss of No consciousness (knocked out)? Don't Know No Go to Item 9a. 11. Have you ever been told you Don't Know have a brain tumor? ..... b. How many times? ..... Don't Know 12.a. Have you ever had an 9.a. Have you ever been in a coma? ... Yes operation on your brain? ..... Yes Go to Item 10. Go to Item 13, Don't Know Screen 3. Don't Know b. What was the cause? b. What for? MRI SCREENING FORM (MSCA screen 3 of 4) 14. Do you have loss of memory 13.a. Have you ever had a other than for people's names? Yes seizure or convulsion? ..... Yes No Go to Item 14. Don't Know Don't Know D C. MRI APPOINTMENT INFORMATION b. Was this only as a child?

Read description of MRI procedure

Go to Item 16, Screen 4.

Yes

No

and invite participation.

15.a. Does participant agree to MRI?

Yes

No

Don't Know

Don't Know

D

D

Go to Item 14.

c. Did this occur within

the last 5 years? .....

MRI SCREENING FORM (MSCA screen 4 of 4)

15.b. Would you please tell me why you don't want the MRI examination?  No time/interest N  Claustrophia C  Previous MRI P  Illness I  Other O  c. If other, specify:	D. ADMINISTRATIVE INFORMATION  16. Date of data collection: / / / / month day year  17. Method of data collection: Computer C Paper form P  18. Code number of person completing this form:
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