



# MRI RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER:

FORM CODE:  M  R  E

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?

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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