0a. Completion Date: __/__/____

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 [GO TO ITEM 3]

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 [GO TO ITEM 3]

      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