ARIC
Atherosclerosis Risk in Communities
MRI PROCEDURE FORM

ID NUMBER: ☐☐☐☐☐☐☐   CONTACT YEAR: ☐☐   FORM CODE: M P R   VERSION: A 04-06-93

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐   INITIALS: ☐☐

INSTRUCTIONS: This form should be completed on paper during the participant's visit. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

MRI PROCEDURE FORM (MPRA screen 1 of 2)

1. Status of MRI procedure:

   [Go to Item 3b.] — Completed   C

   [Go to Item 3a.] — Attempted, incomplete   I

   Not attempted   N

2. The reason MRI was not attempted:

   No show   A

   Rescheduled   B

   Refused to sign informed consent form   C

   Refused for other reasons (specify)   D

   Other (specify)   E

   Specify: _____

   [GO TO ITEM 7, SCREEN 2.]

3.a. Reason for incomplete MRI:

   Claustrophobia   C

   Other (Specify)   O

   Specify: _____

b. Date MRI attempted or completed:

   ☐☐ / ☐☐ / ☐☐
   M M   D D   Y Y

4. Record the order of Scanning Pulse Sequence. (If all series were completed in order, enter 1, 2, 3)

   ☐ ☐ ☐

   OPTIONS:
   Series 1: T1 Sagittal   1
   Series 2: Spin density/ T2 Oblique Axial   2
   Series 3: Oblique Axial   3
   Other   4

   [IF 4 IS ENTERED, PLEASE EXPLAIN BELOW:]

   _____

5. Was oblique axial
   scan parallel to
   the AC/PC line? .... Yes   Y

                                    No   N

6.a. Were any emergent alert
   conditions noted? ...... Yes   Y

                                     No   N

   [Go to Item 7.]

   b. Specify the alert condition:

6.c. Who was notified of this alert?

   d. Date of alert notification:

          M M   D D   Y Y

7. MRI Technologist initials:

8. Date of data collection:

          M M   D D   Y Y

TO BE COMPLETED BY MRI READING CENTER:

Tape Number:

Date Received:

       M M   D D   Y Y

Date Archived:

       M M   D D   Y Y

Date of dBase Entry:

       M M   D D   Y Y