

15.b. Would you please tell me why you don't want the MRI examination?

- | | | |
|----------------|--------------------|---|
| Go to Item 16. | — No time/interest | N |
| | — Claustrophobia | C |
| | — Previous MRI | P |
| | — Illness | I |
| | — Other | O |

c. If other, specify:

| | | | | | | | | | | | | | | | | | | | |
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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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