

Multi-Ethnic Study of Atherosclerosis

Exam 2



MRI Exclusion

Id#: Idno

Acrostic: Acrostic

Date: [][] mriedt2 / [][][][]

1 Is participant eligible on basis of weight?

1 YES NO * wtelig2
skip to question 10

2 Do you have an aneurysm clip?

1 YES NO anclip2
Hospital Name
City, State

Check medical records - were metal clips used?

1 YES * NO metclip2
skip to question 10

3 Have you ever had metal fragments in your eyes, brain, or spinal cord?

1 YES * NO metfrag2
skip to question 10

4 Are you (or have you been) a metal worker, welder or grinder in your job?

1 YES NO network2

5 Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator?

1 YES * NO intelec2
skip to question 10

6 Do you have any metal implants, plates or other devices in any part of your body?

1 YES * NO metimpl2
skip to question 10

7 Do you have allergies to medications?

1 YES NO allgmed2

Was it severe enough to go to the hospital?

1 YES * NO allgsev2
skip to question 10

8 Do you have broncho-spasm or asthma requiring the use of inhaler daily?

1 YES * NO inhaler2
skip to question 10

9 (FEMALE ONLY) Are you or do you believe you may currently be pregnant?

1 YES * NO curpreg2

10 Does participant pass all MRI exclusion criteria?

NOTE: Starred responses indicate that the participant is ineligible

1 YES NO skip to Clinic Technician ID
passexc2

MRI Appointment Information

Read description of MRI procedure

11 Does participant agree to MRI?

1 YES agrmri2

Appointment Date:

mraptdt2 / [][][][]

Appointment Time:

mrapttm2 [] M

2 YES, but another time

Contact after:

mraftdt2 / [][][][]

0 NO Reason for refusal:

- 1 Not interested
2 Sick
3 Caring for person at home
4 Claustrophobia
5 Other:

mrrefus2

mrreftx2

FOR MESA FIELD CENTER USE ONLY

Clinic Technician ID:

[][][]

mrietid2