Atherosclerosis Risk in Communities

MRI SCREENING FORM

ID NUMBER: CONTACT YEAR: FORM CODE: MSC

LAST NAME: INITIALS:

INSTRUCTIONS: This form should be completed 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.

A. EXCLUSION

1. Have you ever had an MRI scan? Yes Y No N

2. Have you ever had surgery on an aneurysm in your brain? Yes Y No N Unknown U

   Exclude, Go to Item 7.

3. Do you have metal fragments in your eyes, brain, or spinal cord? Yes Y No N

   Exclude, Go to Item 7.

4. Do you have a cardiac pacemaker or a heart valve prosthesis? Yes Y No N

   Exclude, Go to Item 7.

5. Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator? Yes Y No N

   Exclude, Go to Item 7.

6. [For females only] Could you be pregnant? Yes Y No N

   Exclude.

   Don't Know D

7. Does participant pass all MRI exclusion criteria? Yes Y No N

   Go to Item 16, Screen 4.
B. INTERVIEW

8.a. Have you ever had an injury that resulted in loss of consciousness (knocked out)?

   Yes Y
   No N
   Don’t Know D

   Go to Item 9a.

b. How many times? ........................................

9.a. Have you ever been in a coma? .......... Yes Y

   No N
   Don’t Know D

   Go to Item 10.

b. What was the cause?

   ..........................................................

10. Have you ever been told you have cerebral palsy? .......... Yes Y

   No N
   Don’t Know D

11. Have you ever been told you have a brain tumor? .......... Yes Y

   No N
   Don’t Know D

12.a. Have you ever had an operation on your brain? ...... Yes Y

   No N
   Don’t Know D

   Go to Item 13, Screen 3.

b. What for?

   ..........................................................

Magnetic Resonance Imaging Screening Form (MRA screen 3 of 4)

13.a. Have you ever had a seizure or convulsion? .......... Yes Y

   No N
   Don’t Know D

   Go to Item 14.

b. Was this only as a child? .......... Yes Y

   No N
   Don’t Know D

   Go to Item 14.

c. Did this occur within the last 5 years? .......... Yes Y

   No N
   Don’t Know D

14. Do you have loss of memory other than for people’s names? .......... Yes Y

   No N
   Don’t Know D

C. MRI APPOINTMENT INFORMATION

   Read description of MRI procedure and invite participation.

15.a. Does participant agree to MRI? .......... Yes Y

   No N

   Go to Item 16, Screen 4.
15.b. Would you please tell me why you don't want the MRI examination?

- No time/interest N
- Claustrophobia C
- Previous MRI P
- Illness I
- Other O

Go to Item 16.

c. If other, specify: ____________________________

D. ADMINISTRATIVE INFORMATION

16. Date of data collection: ........... [month / day / year]

17. Method of data collection: .......... Computer C

18. Code number of person completing this form: ............... [insert number]