MR Safety Screening Questionnaire

Participant's Name ____ **Today's date:** ___________________

Study Name: ____ Investigator: ____________________

Year of birth: ___________ Gender: ___________ Height: ___________ Weight: ___________

Please read the following questions carefully. It is very important for us to know if you have any **metal devices** or **metal parts** anywhere in your body. If you do not understand a question, please ask us to explain!

1. Yes ☐ No ☐ Do you get upset or anxious in small spaces (claustrophobia)?
2. Yes ☐ No ☐ Did you ever have an aneurysm clip implanted during brain surgery?
3. Yes ☐ No ☐ Do you have embolization coils (Gianturco) in your brain?
4. Yes ☐ No ☐ Do you have a Carotid Artery Vascular clamp?
5. Yes ☐ No ☐ Do you have a "shunt" (a tube to drain fluid) in your brain, spine or heart?
6. Yes ☐ No ☐ Do you have a Vagus nerve stimulator to help you with convulsions or with epilepsy?
7. Yes ☐ No ☐ Have you ever had metal removed from your eyes by a doctor?
8. Yes ☐ No ☐ Have you ever worked with metal? (For example in a machine shop)?
9. Yes ☐ No ☐ Do you have implants in your eyes? Have you ever had cataract surgery?
10. Yes ☐ No ☐ Do you wear colored contact lenses or permanent eye liner?
11. Yes ☐ No ☐ Do you have shrapnel or metal in your head, eyes or skin?
12. Yes ☐ No ☐ Do you have implants in your ear (like cochlear implants) or a hearing aid?
13. Yes ☐ No ☐ Do you wear braces on your teeth or have a permanent retainer?
14. Yes ☐ No ☐ Do you have a heart pacemaker or a heart defibrillator?
15. Yes ☐ No ☐ Do you have a filter for blood clots (Umbrella, Greenfield, bird's nest)?
16. Yes ☐ No ☐ Do you have any stents (small metal tubes used to keep blood vessels open)?
17. Yes ☐ No ☐ Did you ever have a device implanted in your body such as a nerve stimulators?
18. Yes ☐ No ☐ Do you have an implanted pump to deliver medication?
19. Yes ☐ No ☐ Do you have metal joints, rods, plates, pins, screws, nails, or clips in any part of your body?
20. Yes ☐ No ☐ Have you ever had a gunshot wound? Or a B-B gun injury?
21. Yes ☐ No ☐ Do you wear a patch to deliver medicines through the skin?
22. Yes ☐ No ☐ Do you have any devices to make bones grow (like bone growth or bone fusion stimulators)?
23. Yes ☐ No ☐ Do you have unremoved body-piercing or a tattoo?
24. Yes ☐ No ☐ Have you ever had any surgery? Please list all:

FOR WOMEN

25. Yes ☐ No ☐ Do you use a diaphragm, IUD, or cervical pessary?
26. Yes ☐ No ☐ Do you think there is any possibility that you might be pregnant?

IMPORTANT INSTRUCTIONS: Before entering the Magnet Room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phone, eyeglasses, hair pins, barrettes, jewelry including body piercing jewelry, watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, and clothing with metallic threads in the material.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form and regarding the MR procedure that I am about to undergo.

Participant Signature: ____ **Date:** _________________________

MR Operator Signature: ____ **Date:** _________________________