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Magnetic Resonance Imaging Contraindication Screening Form-Adult Version

If you answer YES to any of the questions on this page, you are NOT eligible to participate in a MRI study as your safety may be at risk. **Do not write on this sheet.**

MRI can be dangerous for people with certain conditions. MRI uses a very strong magnet that may cause metal objects in your body to move around and cause injury.

Please carefully read the following statements and let us know if any apply to you.

This information will help us determine whether you can safely enroll in the study.

Please do not write on this sheet.

SAFETY QUESTIONS

If the answer is YES to any of these four questions about you IT IS NOT SAFE for you to be in this study.

1. Do you have any of the following: cardiac pacemaker, ferromagnetic aneurysm clip, neurostimulator, joint replacement, blood clot filter, hearing aids, cochlear implant, prosthetic, insulin pump or any other implant? *{The high magnetic field interferes with the proper functioning of pacemakers. Metal implants may be bent, pulled out of place, and may cause internal damage.}*
2. Do you have any metal in his/her body or eyes? This includes pins, screws, shrapnel, plates, and braces on his/her teeth, dentures, dental bridges, dental implants, and IUD. *{Metal implants may be bent or pulled out of place. For instance, shrapnel from an old car wreck wound left lodged near vital organs may be pulled by the magnet. These effects could cause internal damage.}*
3. Are you claustrophobic? *{The MRI scanner is a very narrow enclosed space. It has been compared to a tanning bed or torpedo tube. The coil [or helmet like device your child's head is placed in] will be mere centimeters—possibly less—from the tip of his/her nose. Your child's head is placed in padding to help him/her hold it as absolutely still as possible. Although you can get out of the magnet at any time during the experiment if he/she feels seriously uncomfortable, you should be aware that this is an extremely confined space, and you will need to lie still for an hour or more.}*
4. Do you have a large frame? *{The Magnetic Resonance Imaging table can support up to 440 pounds. Because the space is so narrow, people who are extremely large or obese cannot participate.}*

STOP!

**If the answer is YES to any of the above questions, please inform the experimenter.
It is not safe for you to participate in the study.**

HEALTH QUESTIONS

Certain medical conditions may not be eligible for some studies.

The experimenter will tell you whether you need to answer the following four questions.

5. Have you ever had brain surgery? *{Note that un-retrieved device fragments may become dislodged and cause internal damage.}*
6. Have you had any type of surgery in the last 3 months?
7. Do you have any of the following conditions? Sick cell anemia, Bipolar Disorder, Schizophrenia, or Multiple Sclerosis
8. Do you have a history of stroke or heart attack?

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If the answer is YES to any of the following questions about yourself,
IT MAY NOT BE SAFE for you to be in this study.
You will need to discuss these points with the experimenter.

Do not write on this sheet.

1. **Do you wear a medicated adhesive patch?** *{Medicated adhesive patches with metal backing may heat up and burn the skin during MRI. If so, the experimenter may ask whether the patch can be removed during MRI.}*
2. **Do you have any non-removable jewelry, facial piercing, or permanent makeup?** *{Permanent makeup and metal jewelry made out of materials like surgical steel may heat up and become uncomfortably warm.}*
3. **Do you have any tattoos?** *{Some tattoo dyes contain metal fragments that may heat up and become uncomfortably warm or cause swelling.}*
4. **Do you have now (or ever had) any of the following? ADD/ADHD or any other neurological or psychological disorder?**
5. **Do you have now (or ever had) any of the following? Epilepsy, a seizure, loss of consciousness for more than a few seconds, or brain damage?** *{If so, the completion of a special seizure protocol by your child's doctor may be required before your child can be in this study.}*
6. **Have you ever been seen by a neurologist, psychiatrist or psychologist (not counselor)?**
7. **Do you take tranquilizers, sleeping pills, anxiety or depression medication, or other psychological medications?**
8. **Do you have now (or ever had) any of the following? Heart disease, anemia, untreated diabetes, or untreated high or low blood pressure?**
9. **Do you use recreational drugs?**
10. **Do you ever used or abused alcohol?**
11. **Do you have now (or ever had) untreated respiratory problems (e.g., severe asthma, emphysema)?**
12. **Do you have now (or ever had) any of the following vision conditions? Untreated cataracts, untreated glaucoma or macular degeneration?**
13. **Do you need glasses and cannot wear contact lenses?** *{Most studies require responses to visual cues or instructions, so normal vision is usually required. In these studies, contact lens corrected vision is considered the same as normal vision.}*
14. **Do you have any hearing difficulties?** *{If so, you might be asked about your hearing in each ear.}*
15. **Do you have any orthopedic issues such as arthritis or back pain that would make it difficult for you to sit or lie still for at least an hour or to use a keyboard?**
16. **Do you have any other physical or mental problems that you haven't mentioned so far?**

**WOMEN OF CHILDBEARING POTENTIAL WHO ARE CONSIDERING BEING IN THIS STUDY
SHOULD ESPECIALLY NOTE:
THE RISK TO FETUSES FROM EXPOSURE TO MRI ARE CURRENTLY UNKNOWN.**

Please tell the experimenter about any safety concerns that you may have.
Thank you for your interest.