1 Is participant eligible on basis of weight?
   1 ○ YES  ○ NO *) WTELEG1
   skip to question 8

2 Do you have an aneurysm clip?
   1 ○ YES  ○ NO ANCLIP1

   Hospital Name ______________________________
   City, State ________________________________

   Check medical records - were metal clips used?
   1 ○ YES *)  ○ NO METCLIP1
   skip to question 8

3 Have you ever had metal fragments in your eyes, brain, or spinal cord?
   1 ○ YES *)  ○ NO METFRAG1
   skip to question 8

4 Are you (or have you been) a metal worker, welder or grinder in your job?
   1 ○ YES  ○ NO METWORK1

5 Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator?
   1 ○ YES *)  ○ NO INTELEC1
   skip to question 8

6 Do you have any metal implants, plates or other devices in any part of your body?
   1 ○ YES *)  ○ NO METIMPL1
   skip to question 8

7 (FEMALE ONLY) Are you or do you believe you may currently be pregnant?
   1 ○ YES *)  ○ NO CURPREG1
   skip to question 8

8 Does participant pass all MRI exclusion criteria?
   NOTE: Starred responses indicate that the participant is ineligible
   1 ○ YES  ○ NO PASSEXCI1
   skip to Clinic Technician ID

MRI Appointment Information
Read description of MRI procedure

9 Does participant agree to MRI?
   1 ○ YES AGRMRI1
   Appointment Date: ___________ / MRAPTDT1
   Appointment Time: MRAPTTM1 M

   2 ○ YES, but another time
   Contact after: ___________ / MRAFTDT1

   0 ○ NO Reason for refusal: MRREFUS1
     1 ○ Not interested
     2 ○ Sick
     3 ○ Caring for person at home
     4 ○ Claustrophobia
     5 ○ Other:

MRREFTX1

FOR MESA FIELD CENTER USE ONLY

Technician ID#: MRIETID1
Reviewer ID#: MRIERID1 Data Entry ID#: MRIEDID1