**Multi-Ethnic Study of Atherosclerosis**

**Exam 5**

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### MRI Exclusion

1. **Do you have an aneurysm clip in your brain?**
   - Yes
   - No

   Please indicate Manufacturer and Model (needs to be verified from medical records)

   **Hospital Name:**
   **City, State:**
   
   *If not available, skip to question 6*

2. **Do you have metal fragments in your eyes, brain, or spinal cord?**
   - Yes
   - No

   *Skip to question 6*

3. **Are you (or have you been) a metal worker, welder or grinder in your job?**
   - Yes
   - No

4. **Do you have any internal electrical devices, such as a cochlear implant or spinal cord stimulator, pacemaker or ICD?**
   - Yes
   - No

   *Skip to question 6*

5. **(FEMALE ONLY) Are you or do you believe you may currently be pregnant?**
   - Yes
   - No

   *Skip to question 6*

6. **Does participant pass all MRI exclusion criteria?**
   - Yes
   - No

   **NOTE:** Starred responses indicate that the participant is ineligible

   *Skip to End*

7. **If Selected for Gadolinium:**
   a. **Do you have history of serious kidney or liver disease (such as Cirrhosis)?**
      - Yes
      - No

      *Skip to question 8*

### MRI Appointment Information

- **Id#:**
- **Interviewer ID#:**

- **Date:**
  - Month
  - Day
  - Year

- **Acrostitic:**

- **MRI Appointment Information**
  - **Read description of MRI procedure**

- **Does participant agree to MRI?**
  - Yes
  - No

- **Reason for refusal:**
  - Not interested
  - Sick
  - Caring for person at home
  - Claustrophobia
  - Other:

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