1. Exclude based on weight?  ○ Yes  ○ No

Weight (imported from anthropometry form):

[ ] [ ] lbs

*If over 300 lbs, then exclude from MRI*

2. **Do you have** . . . (Mark all that apply)

○ Yes* ○ No  Cardiac Pacemaker and/or Automatic Implantable Defibrillator

○ Yes* ○ No  Cerebral aneurysm clip

○ Yes* ○ No  Neurostimulator

○ Yes* ○ No  Cochlear, otologic, or other ear implant

○ Yes* ○ No  Magnetically or electrically activated device? (Insulin or infusion pump)

○ Yes* ○ No  Exposure to metal fragments in or around the eyes? Or work with metal such as arc-welding, grinding, drilling metal, tool and die work

3. **Or are you** . . . (Mark all that apply)

○ Yes* ○ No  Pregnant or at risk for pregnancy

○ Yes* ○ No  Severely claustrophobic (see Claustrophobia protocol)

○ Yes* ○ No  Having difficulty lying flat or breathing

*Clinic Staff: Please note that single-starred responses exclude the participant from MRI for all ancillary studies (Atrial Fibrillation, PET, Tissue Sodium, and Memory/Alzheimer's Disease).*