

Protocol ID: _____
Study Name: _____
Site: _____
Event Name: _____
Event Date: _____

Study Subject ID: _____
Interviewer Name: _____
Interview Date: _____

BLSA MRI - Ver. 1.0**Section Title: Thigh MRI****Instructions:**

Date Completed

Tester ID

☐ Blank

Is the Participant eligible for Diffusion Thigh MRI

☐ Yes ☐ No

Click to deselect entry

Reason Not Eligible

☐ Physical☐ Claustrophobia☐ Metal in body☐ Implanted Medical device

Was Thigh MRI completed?

☐ Complete☐ Incomplete☐ Not Done

Click to deselect entry

Reason Not Done

☐ No Time☐ Refused☐ Equipment Problems☐ No Tester☐ Not Scheduled

Reason Incomplete

SURVEY

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

WIP SURVEY

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

Small Fov Flex M survey

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

T1 3D 80 SLICE

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

COR SCOUT

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

B0map2p3ms

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

WS T1 3D 80 SLICE

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

FS T1 3D 80 SLICE

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

SV PRESS FLEX M

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

SV NOH2OSUPP

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable (Physical/Mental)
- ☐ 6 - Equipment problem

Protocol ID: _____

Study Name: _____

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Interview Date: _____

Section Title: Dynamic Exercise**Instructions:**

Is the Participant eligible for 31P Dynamic Exercise

☐ Yes ☐ No

Click to deselect entry

Reason Not Eligible

☐ Physical☐ Claustrophobia☐ Metal in body☐ Implanted Medical device

Was 31P Dynamic Exercise MRI completed?

☐ Complete☐ Incomplete☐ Not Done

Click to deselect entry

Reason Not Done

☐ No Time☐ Refused☐ Equipment Problems☐ No Tester☐ Not Scheduled

Reason Incomplete

SURVEY

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

SURVEY L Leg

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

T1 3D 80 Slice

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

B0map-2p3ms

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

T1W_TSE

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

31P Long TR

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

31P_DYN_EXERCISE

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

T1W_TSE

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

31P Long TR

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

Protocol ID: _____

Study Name: _____

Site: _____

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Interview Date: _____

Section Title: Brain MRI**Instructions:**

Is the Participant eligible for Brain MRI

☐ Yes ☐ No

Click to deselect entry

Reason Not Eligible

☐ Physical☐ Claustrophobia☐ Metal in body☐ Implanted Medical device

Was Brain MRI completed?

☐ Complete☐ Incomplete☐ Not Done

Click to deselect entry

Reason Not Done

☐ No Time☐ Refused☐ Equipment Problems☐ No Tester☐ Not Scheduled

Reason Incomplete

SmartBrain

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

Ref HC 8

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

MPRageADNI sag

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

REST

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

DECISION MAKING

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

DECISION MAKING

☐ 3 - No Time☐ 4 - Refused☐ 5 - Unable
(Physical/Mental)☐ 6 - Equipment problem

DE ADNIaxial

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

FLAIR

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

DTHR2.2

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable
(Physical/Mental)
- ☐ 6 - Equipment problem

DTHR2.2

- ☐ 3 - No Time
- ☐ 4 - Refused
- ☐ 5 - Unable (Physical/Mental)
- ☐ 6 - Equipment problem

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

Section Title: Thigh MRI

Instructions: