LCNI MRI Safety Screening Questionnaire

Participant Name (please print): _____

Height (in.): _____ Weight (lbs.): _____ Month/Year of Birth (MM/YY): _____ BiologicalSex: _____

Do you wear Glasses or Contacts? (Y / N): _____ Are you claustrophobic? (Yes/No/Don't know): __

____ If anything so far has made you uncomfortable with continuing, please check this box and we will exclude you, no questions asked.

***[ ] Exclusions**: If any of the following devices or conditions apply, you will not be able to participate in this research due to safety or other investigator considerations. You do not need to tell us which one applies, just check the box to the left if any apply.*

- Cardiac pacemaker or defibrillator
- Embedded Shrapnel, buckshot, or bullets
- Cerebral aneurysm clip
- Deep brain stimulators
- Cochlear implant in ear
- Metal foreign body imbedded in eye
- Tattoos/permanent make-up on head
- If there is a chance you may be pregnant

***Clarifications**: If you (or your child) have any of the following items, there may be some risk if you (or your child) approach or are placed within the MRI machine. These items must be identified and checked for safety and/or removed. If not identifiable or removable, you will not be able to participate at this time.*

__ __ Yes No Vascular stents, filters, or coils

__ __ Yes No Shunt (spinal or ventricular)

__ __ Yes No Neurostimulator (Tens unit)

__ __ Yes No Biomedical implants

__ __ Yes No Bio-stimulation devices

__ __ Yes No Metal implants in body or head

__ __ Yes No Electrodes (on body, head, or brain)

__ __ Yes No Insulin pump

__ __ Yes No Prosthesis

__ __ Yes No Dental work/Braces/Retainers/Dentures

__ __ Yes No Tattoos on neck or body

__ __ Yes No Hearing aid

__ __ Yes No Internal pacing wires

__ __ Yes No Medication skin patch

__ __ Yes No Non-removable piercings

__ __ Yes No Jewelry, watches, or items in your pockets

__ __ Yes No Anti-microbial clothing (e.g. yoga pants, dri-fit, athletic wear) that contains metal fibers

Please list any surgical procedures:_____

Have all incidents that may have left **metal** in your (or your child's) body been addressed above? __ __ Yes No
If not, please describe: _____

____ If anything during this screening discussion has made you uncomfortable with continuing, please check this box and we will exclude you, no questions asked.

I certify that I have read and understood the questions in this questionnaire and that the above responses are correct to the best of my knowledge. I understand that it is my responsibility to inform research staff and/or the MRI scanner operator of any metal fragments and/or devices that I know about and that failing to do so may cause serious bodily injury or be life threatening.

Your Signature(s): _____ Date:_____

SCAN OPERATOR: I have reviewed the MRI screening form with the research participant and have determined that it is safe for him/ her to proceed with the MR study as outlined in the informed consent.

Screened by : _____ Date: _____