MRI Safety Screening Questionnaire

Must be completed by the subject on the day of the scan

Sub ID/Name: _____ **Age** _____ **Height** _____ **Weight** _____

Instructions: The following items may be harmful in the scanner or may interfere with the MRI examination. Please indicate if you have **ever had any of the following** (circle each):

Cardiac pacemaker, defibrillator or other cardiac implant?	Y N	Medication patch (e.g. nicotine or pain) or wireless blood sugar monitor? All must be removed.	Y N
Aneurysm clip?	Y N	Shunt or IV access port?	Y N
Neurostimulator or other biostimulator?	Y N	Artificial limb or joint?	Y N
Any electronic, mechanical or magnetic implant	Y N	Tissue expander?	Y N
Any type of internal electrodes or wires?	Y N	Surgical mesh?	Y N
Cochlear implant or any other ear implant?	Y N	Any other type of implant (e.g. penile, etc)?	Y N
Hearing aid? (You will need to remove these)	Y N	Dentures or removable dental bridges?	Y N
Implanted drug pump (e.g. insulin, pain, etc.)?	Y N	Braces? Will you get them before end of study?	Y N
Stent, coil or filter?	Y N	Permanent retainer? Circle: Top / Bottom	Y N
Ever had a metal injury including a metal fragment (shrapnel, bullet, BB) in the body?	Y N	Body piercings (all must be removed)?	Y N
Artificial heart valve?	Y N	Wig, extensions or hairpiece?	Y N
Artificial eye? Eyelid spring, weight, eye implant	Y N	Tattooed eyeliner or permanent makeup?	Y N
Any surgical clip or staples?	Y N	Are you pregnant?	Y N
Have you recently ingested a pill camera?	Y N	Are you claustrophobic?	Y N
Have you ever had any surgical operation or procedure? If yes, please list surgery and approximate date.			Y N
Make and model of your implant above (show MRI tech the implant card if you have it)			
Have you ever had an injury from a metal object in your eye (metal slivers, metal shavings, other metal object)? If yes, did you seek medical attention? If yes, describe what was found?			Y N
Do you need eyeglasses to clearly see objects approximately 5 feet from you?			Y N

Before the scan, you will need to:

- Remove all clothing including undergarments and dress in provided gown or scrubs
- Remove all hair pins, bobby pins, barrettes, and clips
- Remove all dentures, bridges or partial plates
- Remove all body piercings, watches and jewelry

MR Technologist Comments

Is there any possibility of metal, metal pieces, or metal implants in your body? Yes No
To the best of my knowledge, the information provided is complete and accurate.

_____ _____
Participant Signature Date

Researcher: Administered Metal Questionnaire and screened the subject using the handheld metal detector.

_____
Researcher Signature Date

MR Technologist: Reviewed the Metal Questionnaire for final approval.

_____
MR Technologist Signature Date