

## MRI Screening Questionnaire Lewis Center for Neuroimaging, University of Oregon

Scan Date	
Subject ID#	
Date of birth	
Weight (lbs.)	
Handedness (Right or Left)	
Do you wear Glasses or Contacts? (Y / N)	

**The following items may interfere with MR imaging. Circle either Yes or No for each item that may pertain to you. If you are unsure about how to answer any items, please mark them and the MR technologist will address them with you.**

**ABSOLUTE Contraindications:** *If you have any of the following items attached or implanted within your body, it would be a potential threat to your health or life for you to enter any MRI environment.*

- |   |   |
|---|---|
| Y / N Cardiac pacemaker (potential malfunction)     | Y / N Cochlear implant in ear (possibly dislodged)                        |
| Y / N Cardiac defibrillator (potential malfunction) | Y / N Metal foreign body imbedded in eye (possibly dislodged)             |
| Y / N Cerebral aneurysm clips (possibly dislodged)  | Y / N Tattoos on face, head, or neck (potential heating in transmit coil) |
| Y / N Deep brain stimulators (possible heating)     |   |

**CONDITIONAL Contraindications:** *If you have any of the following items, there is some risk to you if you approach the magnet or are placed within the magnet. These items must be removed or addressed prior to scanning. Items which cannot be removed must be documented and proven safe.*

- |  |  |
|--|--|
| Y / N Vascular stents, filters, or coils (unknown variety of material) | Y / N Shrapnel, buckshot, or bullets                     |
| Y / N Shunt (spinal or ventricular)                                    | Y / N Prosthesis (unknown variety of material)           |
| Y / N Neurostimulator (Tens unit)                                      | Y / N Dental work done in eastern Europe                 |
| Y / N Biomedical implants  | Y / N Dentures (remove for scan)                         |
| Y / N Bio-stimulation devices  | Y / N Hearing aid (remove for scan)                      |
| Y / N Metal implants in body or head                                   | Y / N Internal pacing wires                              |
| Y / N Electrodes (on body, head, or brain)                             | Y / N Watches, metallic jewelry, non-removable piercings |
| Y / N Insulin pump   | Y / N Items in your pockets                              |

**Imaging Artifacts:** The following items may result in poor quality images due to artifacts.

Y / N Bone or joint pins

Y / N Harrington rods for scoliosis

Y / N Facial reconstruction surgery

Y / N Braces or permanent retainers

**There are additional potential precautions for participating in an MRI study. Please answer the following:**

1) Are you currently taking or have you recently taken any medications? Y / N

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

2) Are you currently pregnant? Y / N

3) Is there any metal in your body from surgery or trauma? Y / N

4) Is there any medical device attached or implanted in your body? Y / N

5) Do you have any history of claustrophobia? Y / N

6) Have you had any major surgeries? Y / N If yes, please describe: \_\_\_\_\_

7) Have all incidents that may have left **metal** in your body been addressed above? Y / N  
If not, please describe: \_\_\_\_\_

**Other items that may affect result of the MRI:**

Have you given blood recently? Y/N  
If Yes, date:

Subject signature: \_\_\_\_\_

Screened by: \_\_\_\_\_