



Center for Advanced Brain Imaging  
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## Magnetic Resonance Imaging Contraindication Screening Form

If you answer YES to any of the questions on this page, you are **NOT** eligible to participate in a MRI study as your safety may be at risk. **Do not write on this sheet.**

### SAFETY QUESTIONS

- 1. Do you have any of the following: cardiac pacemaker, ferromagnetic aneurysm clip, neurostimulator, joint replacement, blood clot filter, hearing aids, cochlear implant, prosthetic, insulin pump or any other implant?** *{The high magnetic field interferes with the proper functioning of pacemakers. Metal implants may be bent, pulled out of place, and may cause internal damage.}*
- 2. Do you have any metal in your body or eyes? This includes pins, screws, shrapnel, plates, braces on your teeth, dentures, dental bridges, and IUD.** *{Metal implants may be bent or pulled out of place. For instance, shrapnel from an old war wound left lodged near vital organs may be pulled by the field. These effects could cause internal damage.}*
- 3. Have you ever been a metal worker?** *{Metal workers may have very small pieces of metal in their bodies.}*
- 4. Do you wear a medicated adhesive patch?** *{Wearing medicated adhesive patches that have a metal backing may cause the patch to heat up and burn the skin during MRI.}*
- 5. Are you at all claustrophobic?** *{The MRI scanner is a very narrow enclosed space. It has been compared to a tanning bed or torpedo tube. The coil [or helmet like device your head is placed in] is mere centimeters—possibly less—from the tip of your nose. Your head is placed in padding to help you hold it as absolutely still as possible. While you can get out of the magnet at any time during the experiment, if you are feeling seriously uncomfortable, you should be aware that this is an extremely confined space, and you will need to lie still for an hour or more.}*
- 6. Do you have a large frame?** *{The Magnetic Resonance Imaging table can support up to 440 pounds. Because the space is so narrow, people who are extremely large or obese cannot participate.}*
- 7. Have you had any type of surgery in the last 3 months or have you ever had brain surgery?** *{Note that un-retrieved device fragments may become dislodged and cause internal damage.}*

### HEALTH QUESTIONS

- 8. Do you have any of the following conditions: Sickle cell anemia, Parkinson's, Alzheimer's or Dementia, Epilepsy, Bipolar Disorder, Schizophrenia, or Multiple Sclerosis?**
- 9. Do you have a history of stroke or heart attack?**
- 10. Do you have now or have you ever had any of the following: a seizure, loss of consciousness for more than a few seconds, or brain damage?**

**Stop!** If you answered "Yes" to any of these questions, please inform the experimenter. You are not eligible for this study. If so, we will keep your name and information in a database and contact you for future studies that you might be eligible for. Thank you for your interest.

If you believe you are eligible for this study, please complete Page 2.

If you answer YES to any of the following questions, you **MAY NOT** be eligible to participate in this study. You may be asked for more information.

*Do not write on this sheet.*

1. Do you have any non-removable jewelry, facial piercing, or permanent makeup? (*Permanent makeup and metal jewelry made out of materials like surgical steel will tend to heat up and become uncomfortably warm.*)
2. Do you have any tattoos? (*Some tattoo dyes contain metal fragments that may heat up and become uncomfortably warm or cause swelling.*)

### ADDITIONAL SCREENING QUESTIONS

*Do not write on this sheet.*

1. Do you have now or have you ever had any of the following: ADD/ADHD or any other neurological/psychological disorder?
2. Have you ever been seen by a neurologist, psychiatrist or psychologist (not counselor)?
3. Do you take tranquilizers, sleeping pills, anxiety or depression medication, or other psychological medications?
4. Do you have now or have you ever had any of the following: heart disease, anemia, untreated diabetes, or untreated high or low blood pressure?
5. Do you regularly use recreationally drugs and/or have you ever experienced alcohol abuse?
6. Do you have now or have you ever had untreated respiratory problems (e.g., severe asthma, emphysema)?
7. Do you have now or have you ever had any of the following vision conditions: untreated cataracts, untreated glaucoma or macular degeneration?
8. Do you need glasses and cannot wear contact lenses? (*Most studies require you to respond to visual cues or instructions, so normal vision is usually required. In these studies, contact lens corrected vision is considered the same as normal vision.*)
9. Do you have any hearing difficulties?
10. Do you have any orthopedic issues such as arthritis or back pain that would make it difficult to sit/lie still for at least an hour or to use a keyboard?
11. Do you have any other physical or mental problems that you haven't mentioned so far?

**WOMEN OF CHILDBEARING POTENTIAL WHO ARE CONSIDERING BEING IN THIS STUDY  
SHOULD ESPECIALLY NOTE:  
THE RISKS TO FETUSES FROM EXPOSURE TO MRI ARE CURRENTLY UNKNOWN.**

Please let the experimenter know if you would like to, and believe you are eligible to participate in the experiment. ***Thank you for your interest.***