

**Multi-Ethnic Study of Atherosclerosis  
Exam 5**



**MRI Exclusion**

**1 你的腦部有沒有動脈瘤夾？**

☐ 有 ☐ 否



Please indicate Manufacturer and Model  
(needs to be verified from medical records)

Hospital Name \_\_\_\_\_

City, State \_\_\_\_\_

If not available, skip to question 6

**2 你的眼部、腦部或脊椎是否有金屬碎片？**

☐ 有 ☐ 否



skip to question 6

你在工作中是否是個(或曾經是個)金屬製造  
工，焊工或者磨床工？

**3**

☐ 有 ☐ 否

**4 你有没有装任何體內电子装置，比如耳蜗移植装置或脊椎激發器、起搏器或宮内避孕器？**

☐ 有 ☐ 否



skip to question 6

(仅用于女性)

**5 你目前是否懷孕，或你认为你現在已懷孕？**

☐ 有 ☐ 否



skip to question 6

**6 参加者是否通 所有MRI排除指 ？**

**NOTE: Starred responses indicate that the participant is ineligible**

☐ 有 ☐ 否

↓  
skip to End

**7 If Selected for Gadolinium:**

a. 你是否有過嚴重的腎病或肝病（如肝硬化）  
病史？

☐ 有 ☐ 否



skip to question 8

**Id#:**

**Acrostic:**

**Interviewer ID#:**

**Date:**

Month

Day

Year

**b. 你對釳過敏嗎？**

☐ 有 ☐ 否



skip to question 8

**c. 你是否在過去30天有過釳過敏**

☐ 有 ☐ 否



skip to question 8

**d. 是否做過eGFR 檢 ？**

☐ 有 ☐ PENDING ☐ 否

(Not eligible for contrast if eGFR not done)

Date of test:

Month

Day

Year

Serum Creatinine

Calculated eGFR

Tech. ID:

Indicate reason

☐ Refused

☐ No blood for test

☐ Ill

☐ Physically unable

☐ Other:

**8 Is participant eligible for contrast?**

**(Record on MRI Completion Form)**

☐ 有 ☐ 否 ☐ Pending eGFR

**MRI Appointment Information**

Read description of MRI procedure

**9 Does participant agree to MRI?**

Appointment Date:

☐ YES →

/   /

Appointment Time:

:   M

☐ YES, but another time

Contact after:   /   /

☐ No

→ Reason for refusal:

☐ Not interested

☐ Sick

☐ Caring for person at home

☐ Claustrophobia

☐ Other: