

## Exit Interview

*SMIS 3T*

Patient / Subject name

Patient / Subject ID

Date of Scan

**When MRI system gradients are switched rapidly, the time varying magnetic fields can induce some changes in the body of the subject or patient. Please check any of the following effects felt, observed, or sensed by the subject or patient. Thank You.**

<u>Symptoms</u>	<u>Check One</u>	<u>Comments</u>
Claustrophobia	<u>Y / N</u>	
Nausea	<u>Y / N</u>	
Metallic taste in mouth	<u>Y / N</u>	
Vertigo	<u>Y / N</u>	
Increased body temperature / Warmth	<u>Y / N</u>	
Decreased body temperature / Cold	<u>Y / N</u>	
Headaches	<u>Y / N</u>	
Head heaviness	<u>Y / N</u>	
Dizziness / Loss of balance	<u>Y / N</u>	
Sensations along the spine	<u>Y / N</u>	
Twitching along the bridge of the nose	<u>Y / N</u>	
Feeling of electric shocks	<u>Y / N</u>	
Uncontrolled / Involuntary skeletal muscle contractions ( <i>direct peripheral nerve stimulation</i> )	<u>Y / N</u>	
Twitching of any body parts	<u>Y / N</u>	
Any other feeling or sensation observed	<u>Y / N</u>	

Time spent In the scanner

Names of sequences used

Patient / Subject signature

Certified operator signature