Report of abnormal or uncomfortable sensations during MRI-measurements

If your subject felt something that was uncomfortable, painful, or abnormal and surprising (*e.g.*, warming-up, skin tingling, numbness, dizziness etc.) during fMRI/MRI measurements, please, fill this form when applicable and return it as soon as possible to AMI Centre office (Otakaari 5 I, 2nd floor, room IM213 or IM212). If necessary, you can add additional handwritten appendices to this report.

Measurement date:		Measurement time:	
Subject number on the console (no identification):			
Used imaging coil (e.g., 32ch, 20ch etc.):			
Name of the pulse sequence:			
Subject position (circle the correct one): supine prone left decubitus / right decubitus			
TR:	TE:	FOV:	Averages:
Matrix size:	Slice thickness:	Slice spacing:	Number of slices:
Slice orientation:	Flip angle:	Frequency direction:	Fat saturation:
Duration of measurement:		Contrast agent used:	
Other information:			
Subject's age:	Gender:	Weight:	Height:

Subject's description of the abnormal and/or uncomfortable sensations (as detailed as possible):

____
____
____
____

Was the quality of the MR images abnormal (did the images show, *e.g.*, stripes, bright spots, noise, geometric distortion, signal loss or other types of artifacts): ____________________
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Were these sensations ceased when the measurement was finished: ____________________
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____

Did these sensations leave any visible signs (*e.g.*, redness of the skin): ___________________
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____
____

Did the subject abort the measurement because of these sensations: ______________________
____

How does the subject judge the level of uncomfortableness related to the sensations (on a scale from 1 to 10, where 1= not uncomfortable at all and 10 = extremely uncomfortable): __________

How does the subject judge the level of pain related to the sensations (on a scale from 1 to 10, where 1 = not painful at all and 10 = extremely painful): ____________________________

Did subject's arms or legs form a closed loop during the measurement: ____________________

Was there any metal (prostheses, clips, jewelry etc.), tattoos or permanent makeup on subject's body or clothing: ____

What was subject's clothing like during the measurement (overalls, pyjamas, own clothes etc.):
____
____
____

How was subject's hearing protected during the measurement (ear plugs, earmuffs etc.): ______
____
____

What kind of stimulus hardware/equipment was used during the measurement: ______________
____
____

Were there any other devices used, which or whose wires were installed/mounted on the subject: ____
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Were any other devices used, which or whose wires were in or close to the magnet bore: ______
____
____
____

Were there any "yes" or "don't know" answers in the safety screening form that the subject filled? Please, list all the "yes" or "don't know" answers here: ______________________________
____
____

What was subject's health like before the measurement (did she/he have, *e.g.*, sniffle, fever, sickliness, any pains etc.): ____

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Any other comments or observations: ____

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____

____

Date:	
Printed name of the principal investigator:	
Signature of the principal investigator:	
Contact information:	