	Participant ID: _____	Pin # _____
	Discovery Site: _____	Clinical Center _____
	CRF Date: ____/____/____	Visit #: _____


Neuroimaging Day of Scan Data and Procedures Status Confirmation

Research Coordinator completes on day of Neuroimaging Study scan
at **Baseline Week 4** and **Months 6, 18, & 36** Clinic Visits.
RC also completes at **ATLASI** Visits **61 & 67** and **ATLASII** Visits **71 & 77**.

1. Did the Participant have a Neuroimaging scan at this visit? ₁ Yes ₀ No
- If **No**, please complete question 1a. below and leave the rest of this form blank.
If **Yes**, please continue to question 2 and complete the rest of this form.
- a. If **No**, confirm the reason why the Participant did not have a Neuroimaging scan at this visit:
₁ Participant not available
₂ Scan facility not available
₃ Scan Visit out of window
₉₈ Other (specify) _____
2. Does the Participant still meet all Eligibility Criteria for the Trans-MAPP Neuroimaging Study at the time of this visit? * ₁ Yes ₀ No

(* Please note, eligibility is documented at Screening Week 0 on the ELIG_SCAN CRF and per the guidelines of the MRI_SCREEN administrative form. Eligibility is confirmed on the day of the MRI scan by answering Question #2 above. Additional screening for eligibility is done on the day of the MRI scan per the guidelines of the MRI_SCREEN administrative form and any other applicable Magnetic Resonance screening procedures per the institution performing the MRI scan.)

3. Research Coordinator confirms Female Participant is not currently pregnant. ₁ Yes ₀ No ₉₉ N/A
Please record 99 – N/A for males & females who are surgically sterile or postmenopausal.
4. Please confirm Trans-MAPP SPS Study Clinic Visit for which the scan was completed
₁ Baseline Week 4
₂ Month 6 clinic visit
₃ Month 18 clinic visit
₄ Month 36 clinic visit
₅ ATLAS Initiation clinic visit
₆ ATLAS Stop clinic visit
₇ Ad Hoc DP clinic visit
5. Please record the date the scan was completed: _____
____/____/____
MM DD YYYY
9. Did the participant report taking any medication(s) for stress or anxiety symptoms at the time of this visit? ₁ Yes ₀ No
- If Yes to Q.#9:**
- a. Did the participant report taking medication(s) for stress/anxiety related to **medical procedures in general**? ₁ Yes ₀ No
- b. Did the participant report taking medication(s) for stress/anxiety related to **the MRI (or other MAPP-specific) procedure(s)**? ₁ Yes ₀ No
- c. Please record below the medication(s) taken for stress or anxiety symptoms:

	Participant ID: _____	Pin #: _____
	Discovery Site: _____	Clinical Center: _____
	CRF Date: ____/____/____	Visit #: _____

Neuroimaging Day of Scan Data and Procedures Status Confirmation

Research Coordinator completes on day of Neuroimaging Study scan
 at **Baseline Week 4** and **Months 6, 18, & 36** Clinic Visits.
 RC also completes at **ATLASI** Visits **61 & 67** and **ATLASII** Visits **71 & 77**.

6. Were **ALL** Neuroimaging procedures completed during the scan? ₁ Yes ₀ No

If **Q.#6** is **No**, please confirm the Neuroimaging procedures completed during the scan:

- a. Water ingestion procedures ₁ Yes ₀ No
- b. 10 minute resting state fMRI with full bladder (RS1) ₁ Yes ₀ No
- c. 10 minute resting state fMRI with empty bladder (RS2) ₁ Yes ₀ No
- d. 3D-T1 structural scan ₁ Yes ₀ No
- e. DTI scan ₁ Yes ₀ No

7. Was the Neuroimaging data successfully uploaded to UCLA? ₁ Yes ₀ No

a. Please confirm the date the scan was successfully uploaded to UCLA ____/____/____
MM DD YYYY

8. Research Coordinator ID ____ (4-digit ID)