### Section M1 — Medical Device Implant Screening

| CHECK ITEM 1 |  |
|--------------|  |
| **Enter person number of respondent.** | **Respondent Person Number** |

#### 1a. Does anyone in the family NOW have an artificial joint, such as an artificial hip, knee or finger joint?  
- [ ] Yes  
- [ ] No  
- [ ] DK  

##### b. Who is this?  
Record name and person number in table MDI. Mark “JOINT” box.

##### c. Anyone else?  
- [ ] Yes (Reask 1b and c)  
- [ ] No

#### 2a. Does anyone in the family NOW have any implants, such as pins, screws, nails, wires, rods or plates that have been surgically inserted in the body?  
- [ ] Yes  
- [ ] No  
- [ ] DK  

##### b. Who is this?  
Record name and person number in table MDI. Mark “FIX” box.

##### c. Anyone else?  
- [ ] Yes (Reask 2b and c)  
- [ ] No

#### 3a. Does anyone in the family NOW have an artificial heart valve?  
- [ ] Yes  
- [ ] No  
- [ ] DK  

##### b. Who is this?  
Record name and person number in table MDI. Mark “HV” box.

##### c. Anyone else?  
- [ ] Yes (Reask 3b and c)  
- [ ] No

#### 4a. Sometimes the lenses of the eyes can be replaced with artificial ones called intraocular lenses, which are sewn into place during surgery.  
Does anyone in the family NOW have a lens implant? Do not include corneal transplants.  
- [ ] Yes  
- [ ] No  
- [ ] DK  

##### b. Who is this?  
Record name and person number in table MDI. Mark “IL” box.

##### c. Anyone else?  
- [ ] Yes (Reask 4b and c)  
- [ ] No

#### 5a. Silicone implants are used to reconstruct parts of the body; such as breasts, ears, a chin, or a nose.  
Does anyone in the family NOW have a silicone implant? Do not include silicone injections.  
- [ ] Yes  
- [ ] No  
- [ ] DK  

##### b. Who is this?  
Enter SILICONE IMPLANT in “Other” column.

##### c. Anyone else?  
- [ ] Yes (Reask 5b and c)  
- [ ] No

#### 6a. Does anyone in the family NOW have a pacemaker?  
- [ ] Yes  
- [ ] No  
- [ ] DK  

##### b. Who is this?  
Record name and person number in table MDI. Mark “PACE” box.

##### c. Anyone else?  
- [ ] Yes (Reask 6b and c)  
- [ ] No

### Notes
## Section M1 — MEDICAL DEVICE IMPLANT SCREENING — Continued

### 7a. Ear vent tubes are often implanted in the eardrums of children and adults who get frequent ear infections.

**Does anyone in the family NOW have ear vent tubes?**

- **Yes**
- **No**
- **DK**

**b. Who is this?**

Enter EAR VENT TUBES in “Other” column.

**c. Anyone else?**

- **Yes** (Reask 7b and c)
- **No**

### 8a. Infusion pumps are implants that pump medication such as insulin or chemotherapy into the body.

**Does anyone in the family NOW have an infusion pump?**

- **Yes**
- **No**
- **DK**

**b. Who is this?**

Record name and person number in table MDI. Enter INFUSION PUMP in “Other” column.

**c. Anyone else?**

- **Yes** (Reask 8b and c)
- **No**

### 9a. Does anyone in the family NOW have a shunt that drains fluid away from the brain or spinal column?

**Does anyone in the family NOW have a shunt that drains fluid away from the brain or spinal column?**

- **Yes**
- **No**
- **DK**

**b. Who is this?**

Record name and person number in table MDI. Enter SHUNT in “Other” column.

**c. Anyone else?**

- **Yes** (Reask 9b and c)
- **No**

### 10a. Does anyone in the family NOW have any other type of shunt or catheter implanted in the body?

*Read if necessary:* A shunt is a man-made tube through which blood or body fluid is diverted from its natural path.

*Read if necessary:* A catheter is a flexible tube implanted in the body to remove or put in fluid.

**b. Who is this?**

Record name and person number in table MDI. Enter SHUNT or CATHETER in “Other” column.

**c. Anyone else?**

- **Yes** (Reask 10b and c)
- **No**

### 11a. Does anyone in the family NOW have any other kind of medical device that has been implanted in the body during SURGERY? Some examples are artificial arteries and veins, ligaments and dental implants.

**b. Who is this?**

Record name and person number in table MDI.

**c. What kind of implant does —— have?**

Enter type of implant in “Other” column.

**d. Does anyone else in the family have any other kind of medical device implanted in the body?**

- **Yes** (Reask 11b—d)
- **No** (Check Item 2)

### CHECK ITEM 2

Mark appropriate box.

- **One or more MDI’s (Table MDI)**
- **No MDI’s (Next Supplement)**

**Notes**
# TABLE MDI

Complete the appropriate Medical Device Sections for each person and each device entered below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Person number</th>
<th>JOINT (pg. 6)</th>
<th>FIX (pg. 12)</th>
<th>HV (pg. 18)</th>
<th>IL (pg. 24)</th>
<th>PACE (pg. 30)</th>
<th>OTHER (pg. 35)</th>
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<td>(a)</td>
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Notes

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FORM HS1-1A (1988) (4-6-88)