



## Questionnaire MRI-examination

Please answer the questions below, sign the form and give the form to the MRI-technician on the day of the MRI-examination.

<i>To be filled in by patient: put a cross at yes or no</i>		
Do you suffer from claustrophobia?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a pacemaker or ICD?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a Breast Tissue Expander?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a medicinal pump?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a neuro stimulator implant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a hearing aid other or implants?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are you (possibly) pregnant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you had an operation in the past involving metal implants or prostheses?	<input type="checkbox"/> yes	<input type="checkbox"/> no

**Have you answered 'yes' to one of the above questions? Please discuss this in advance with your own doctor. This may have consequences for the research or for yourself. If the check has not taken place before the MRI-scan, we may have to reschedule the MRI-examination.**

### Other questions

<i>To be filled in by patient: put a cross at yes or no</i>		
Was there a problem in the past with injections or an infusion, for example because of thin or deep veins?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever worked with metal or is there a possibility of metal splinters in the eye?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you need assistant for walking? Do you have an appointment after 5 pm?	<input type="checkbox"/> yes	<input type="checkbox"/> no

- The MR-examination can continue without any problems if you have fillings, crowns or a brace in your mouth. This also applies to joint prostheses.
- Are you being treated by a doctor for poor kidney function? Please contact your treating specialist and report this to the MRI- technician prior to the examination.

### For approval

*To be filled in by patient*

date

name patient

signature patient

\_\_\_\_\_

What is your weight in kg?

\_\_\_\_\_

kilogram

What is your height in cm?

\_\_\_\_\_

centimeter