

## Questionnaire - DENSE-2 study

### Why this questionnaire?

For your own safety, we ask you to complete and sign this questionnaire. It is important that you complete this questionnaire **before** the phone call. We ask this as the study team member will discuss this questionnaire with you during the phone call. Do you have any questions or doubts about a question? Then discuss this during the phone call.

If you are participating in the DENSE-2 study, you should bring this questionnaire fully completed and signed to the hospital appointment for the MRI examination. Without a completed questionnaire, you cannot get an MRI examination.

MRI uses a magnet. As a result, metal in the body can be a risk. This does not apply to: fillings, metal crowns, standard dentures and wires behind the teeth after braces. It is also important to remove zinc ointment from the skin, as well as hairpins, hearing aids, watches, glasses, piercings and jewellery.

### Could you please check "yes" or "no" below?

	Yes	No
1) Do you have or have you ever had a pacemaker, subcutaneous defibrillator (ICD) or a heart rhythm monitor (loop recorder)? <i>Also fill in 'Yes' in the case of a variant suitable for MRI.</i>		
2) Do you have or have you ever had a stimulator placed inside your body? <i>Examples include: neurostimulator, bladder stimulator, bowel stimulator, or deep brain stimulator.</i>		
3) Do you have a pump inside or outside your body? <i>Examples include: hydrocephalus pump, insulin pump, drug pump.</i>		
4) Do you have a hearing aid that you cannot take off? <i>One example is a cochlear implant.</i>		
5) Do you have a <b>metal</b> stent in your oesophagus ( <i>a so-called "Gianturco-Rosch stent" or "Cook's Z-stent"</i> ), duodenum ( <i>WallFlex Enteral Duodenal stent</i> ), liver ( <i>TIPS</i> ) or bile ducts ( <i>PTC</i> )?		
6) Do you have a voice prosthesis?		
7) Do you have dental braces?		
8) Do you have dentures that are fixed in your mouth with a magnet?		

	Yes	No
9) Do you have a breast expander with a magnet?		
10) Was a clip placed in your stomach or intestines less than 6 weeks ago?		
11) Are you wearing a medication patch or nicotine patch that cannot or should not be removed? <i>If you can remove the patch (temporarily) and stick it back on after the examination or replace it with a new one, please fill in 'No'.</i>		
12) Are you wearing a glucose sensor for measuring your blood sugar level that cannot or should not be removed? <i>If you can remove the sensor (temporarily) and put it back or replace it with a new one after the examination, please fill in 'No'. The sensor must then be removed prior to the MRI examination.</i>		
13) Do you have a breast prosthesis or a breast implant?		
14) Do you have a piercing you cannot take off?		
15) Are you claustrophobic (fear of small spaces)?		
16) Are you pregnant or think you might be pregnant?		
17) Have you ever had an allergic reaction to contrast medium during an MRI examination?		
18) Do you have blood vessel clips in your head?		
<p>If you answered '<b>Yes</b>', please also answer these questions:</p> <p>18.1) <i>The blood vessel clips were placed on date:</i>  _____ / _____ / _____</p> <p>18.2) <i>What type of clip was placed?</i></p> <p>18.3) <i>In which hospital were the clips placed?</i></p>		

	Yes	No
<p>19) Do you have metal chips or metal fragments in the eye or anywhere else in your body?</p> <p>If you answered '<b>Yes</b>', please also answer this question:  19.1) <i>Where in the body do you have these metal chips or metal fragments?</i></p>		
<p>20) Has any material ever been inserted into your body during surgery?  <i>Examples include a prosthesis, screws or plates.</i></p> <p>If you answered '<b>Yes</b>', please also answer this question:  20.1) <i>What kind of material has been inserted into your body?</i></p>		
<p>21) Are there any other things that may be important for the MRI examination?  <i>For example, when your blood vessels are difficult to find during blood sampling.</i></p>		

**Name of participant:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Height:** \_\_\_\_\_ cm      **Weight:** \_\_\_\_\_ kg

**Participant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_