

Occupational exposure to static magnetic fields from MRI scanners

Questionnaire

1. What is your date of birth? __ / __ / ____ (dd/mm/yyyy)

2. What is your gender? Female
 Male

3. What is your height? ____ cm

4. What is your current job title or function?

- Scientific researcher
- Student performing research
- Clinical or medical physicist
- Laboratory assistant / technician
- (Medical) technician or maintenance staff
- MRI radiographer
- Other, being: _____

5. On how many days per month (i.e. 4 weeks) on average do you work near an MRI scanner, which requires you to enter the scanner room (i.e. the room in which the scanner is located)?

_____ days per month

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6. Within the last year (i.e. 12 months), on how many days did you work near an MRI scanner, which required you to enter the scanner room?

_____ days

7.a When did you first start to work with MRI, or did your job require you to work inside a room that holds an MRI scanner? (This can refer to either your current or a previous workplace)

From []-[]-[]-[]-[]-[] (mm-yyyy)

7.b Has this period been interrupted in the mean time, with periods when you did not work with MRI?

No

Yes → How long has this period been interrupted in total? (add all interruption periods)

[] years and [] months

→ When did the most recent interruption take place?

From []-[]-[]-[]-[]-[] (mm-yyyy) to []-[]-[]-[]-[]-[] (mm-yyyy)

Thank you very much for completing this questionnaire