**How did your MRI scan go?**

*This survey will take approximately 4 minutes to complete.*

1. **What is your name / your child’s name?**
2. **What is your date of birth / your child’s date of birth?**
3. **When did you / your child have the MRI scan?**
4. **What part of the body was the scan for?**
5. **Head or neck**
6. **Chest, belly, back or arms**
7. **Legs or feet**
8. **In which town or city did you / your child have the MRI scan?**
9. **What is the name of the hospital where you / your child had the scan?**
10. **Which cochlear implant centre takes care of you / your child?**
11. **Was the scan done successfully?**

**Yes / No**

1. **If no, why was the scan not done?**
2. **For the scan, did you have either of the following?**
3. **General anaesthetic (mostly for children)**
4. **Removal of the internal magnet, followed by insertion of a new one**
5. **Did you / your child have any pain around your cochlear implant(s) before, during or after the MRI scan?**

**Some**

**minor Moderate Severe**

**None pain pain pain Unknown**

**Before the scan**

**During the scan**

**After the scan**

1. **Did you / your child have any other problems having an MRI scan with your cochlear implant?**
2. **No**
3. **Yes – magnet movement**
4. **Yes – other**
5. **If you answered “yes” to 12, please detail below:**
6. **Please rate your experience of having an MRI scan with a cochlear implant**

**Very bad Very good**

**1 2 3 4 5 6 7 8 9 10**