

# WRNMMCB Department of Radiology

## Musculoskeletal MRI Questionnaire

**Purpose:** The information you provide will assist the radiologist in more accurately interpreting your MRI.

**Instructions:** Thoroughly complete this questionnaire. Be as specific as possible. Please hand the completed questionnaire to the technologist performing your MRI examination.

Name (last, first, middle initial): \_\_\_\_\_

Last 4 of sponsor's SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Describe the symptoms or condition that have brought you in for this MRI.

2. How long have your symptoms or condition been present? \_\_\_\_\_

3. What brought upon your symptoms or condition? Did you sustain an injury? If so, please describe what type of injury occurred and when it took place.

4. On a scale of 1-10, how much pain are you experiencing? \_\_\_\_\_

- What makes your pain better? \_\_\_\_\_

- What makes your pain worse? \_\_\_\_\_

5. Have you ever had arthroscopy/surgery or another procedure/intervention (i.e. steroid/anesthetic injection, aspiration, biopsy) in the area being scanned? If so, please describe what was done and when.

6. Please use the diagrams and abbreviations below to mark and describe the symptoms that you are experiencing. If your pain radiates, please draw an arrow indicating where your pain travels.

Ache (A)  
Sharp (SP)  
Dull (D)  
Burning (B)  
Shooting (SH)  
Numbness (N)  
Cramping (CR)  
Throbbing (T)  
Pins/needles (PN)  
Locking (L)  
Catching (CA)

(right) FRONT (left) (left) BACK (right)

