

U.S. Radiologic Technologists Study

A collaborative effort between the University of Minnesota School of Public Health, National Cancer Institute,
and American Registry of Radiologic Technologists

FLUOROSCOPICALLY-GUIDED PROCEDURES QUESTIONNAIRE

Instructions:

- Use blue or black ink.
- Print legible numbers:
- Mark an **X** in the box:
- Do not make any stray marks on this form.
If you have comments, please write them on a separate piece of paper.

1	2	3
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Right Wrong

ADDRESS BLOCK

This questionnaire is focused on **FLUOROSCOPICALLY-GUIDED diagnostic or interventional procedures**. Do NOT report routine fluoroscopy exams here (such as upper GI series, esophagram, barium enema).

Include **ONLY** the following types of **FLUOROSCOPICALLY-GUIDED** procedures:

- **Cardiovascular procedures:** such as diagnostic cardiovascular catheterizations, percutaneous coronary interventions (PCI), electrophysiology (EP) diagnostic studies, electrophysiology (EP) ablations, pacemaker or intracardiac defibrillator implantations
- **Neurovascular procedures:** such as embolizations, endovascular therapeutic procedures
- **Peripheral and Other vascular procedures:** such as transjugular intrahepatic portosystemic shunts (TIPS), port placement, peripherally inserted central catheter (PICC) placement, inferior vena cava (IVC) filter placement, aortic stent grafts, dialysis intervention, peripheral vascular interventions
- **Urologic procedures:** such as percutaneous nephrolithotomy, nephrostomy
- **Biliary/Gastric procedures:** such as biliary tract procedures, endoscopic retrograde cholangiopancreatography (ERCP)
- **Orthopedic procedures:** such as vertebroplasty, orthopedic extremity nailing

Some information from the past may be difficult to recall. Just do your best. Even if not exact, your best estimates are valuable to the study.

1. Did you ever perform or assist with **FLUOROSCOPICALLY-GUIDED** procedures such as those listed above at least once a MONTH for a year or more?

NO → STOP (Thank you. Please return survey.)

YES (Please continue with survey.)

2. What years did you **FIRST** and **LAST** perform or assist with **FLUOROSCOPICALLY-GUIDED** procedures at least once a MONTH?

Y	Y	Y	Y
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FIRST YEAR

Y	Y	Y	Y
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LAST YEAR (Enter current year if still working with procedures.)

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0405). Do not return the completed form to this address.

REMINDER: For all of the following questions, do NOT report routine fluoroscopy exams (such as upper GI series, esophagram, barium enema).

3. Within each time period shown, how many YEARS did you perform or assist with FLUOROSCOPICALLY-GUIDED procedures at least once a month?

Number of YEARS				
Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. During each time period, how many total TIMES per MONTH did you usually perform or assist with fluoroscopically-guided procedures?

Total Number of TIMES per MONTH				
Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. For the following SELECTED procedures, please provide your best estimate of how many total TIMES per MONTH you performed or assisted with each fluoroscopically-guided procedure during each time period and what PERCENT TIME you were located WITHIN 3 FEET of the patient when performing these procedures. NOTE: Leave all time period boxes blank if you NEVER worked with a procedure; leave specific time period boxes blank if you worked with a procedure less than once a month during that time period.

SELECTED FLUOROSCOPICALLY-GUIDED PROCEDURES	NEVER	On average, how many TIMES per MONTH did you perform or assist with these procedures during each time period and what PERCENT of the TIME were you within 3 feet of the patient?									
		Before 1970		1970-1979		1980-1989		1990-1999		2000-2009	
		# times per month	% time within 3 feet	# times per month	% time within 3 feet	# times per month	% time within 3 feet	# times per month	% time within 3 feet	# times per month	% time within 3 feet
Cardiovascular procedures											
Diagnostic cardiovascular catheterizations	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Percutaneous coronary interventions (PCI)	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrophysiology (EP) diagnostic studies	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrophysiology (EP) ablations	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pacemaker or intracardiac defibrillator implantations..	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neurovascular procedures											
Embolizations	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Endovascular therapeutic procedures	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diagnostic neuroangiography	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SELECTED FLUOROSCOPICALLY-GUIDED PROCEDURES, cont.	NEVER	On average, how many TIMES per MONTH did you perform or assist with these procedures during each time period and what PERCENT of the TIME were you within 3 feet of the patient?									
		Before 1970		1970-1979		1980-1989		1990-1999		2000-2009	
		# times per month	% time within 3 feet	# times per month	% time within 3 feet	# times per month	% time within 3 feet	# times per month	% time within 3 feet	# times per month	% time within 3 feet
Peripheral and other vascular procedures											
Peripherally inserted central catheter (PICC) placement.....	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis interventions.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral vascular interventions.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transjugular intrahepatic portosystemic shunts (TIPS).....	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Port placement.....	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inferior Vena Cava (IVC) filter placement.....	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aortic stent grafts.....	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urologic procedures											
Percutaneous nephrolithotomy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrostomy.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biliary/gastric procedures											
Biliary tract procedures ...	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endoscopic retrograde cholangiopancreatography (ERCP).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic procedures											
Vertebroplasty	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic extremity nailing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When you performed or assisted with FLUOROSCOPICALLY-GUIDED procedures, what PERCENT OF THE TIME did you use these protective measures during each time period?

PROTECTIVE MEASURES	Percent Time Used Protective Measures				
	Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
Lead apron (wrap-around)	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Lead apron (other)	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Thyroid shield	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Lead glasses	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Ceiling suspended shield	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Mobile floor shield	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Table or tube mounted shield	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%

7. When you performed or assisted with FLUOROSCOPICALLY-GUIDED procedures, what PERCENT OF THE TIME did you wear a radiation monitoring badge at each location during each time period?

BADGE LOCATION	Percent Time Wore Radiation Monitoring Badge				
	Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
Badge at neck or chest	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Badge at waist	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Badge at finger	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%

7a. When you wore a badge at this location, what PERCENT OF THE TIME did you wear it under lead during each time period?

BADGE LOCATION	Percent Time the Badge was Worn Under Lead				
	Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
Badge under lead at neck or chest	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%
Badge under lead at waist	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero	<input type="checkbox"/> Zero
	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%	<input type="checkbox"/> 1-24%
	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%	<input type="checkbox"/> 25-74%
	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%	<input type="checkbox"/> 75-100%

Thank you!

SERIAL #