

Attachment C:

**Key Informant Debriefing Questions and Interviews
for U.S. Radiologic Technologists Study – 4th Fourth Survey**

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U.S. Radiologic Technologists Study – 4th Fourth Survey
Key Informant Debriefing Questions: Work History, Birth and Infancy, Medical History, Night Shift Work

Interview date: ____/____/2011 **Interviewer:** _____

Study ID: _____ **Start time:** _____ am/pm **End time:** _____ am/pm

General comments about questionnaire:

G.1. Did you have a chance to look over the questionnaire?

- Yes
- No → If questionnaire is readily available to R, proceed; otherwise schedule call-back appointment.)

G.2. Overall, what is your first impression of the questionnaire? Do you think it looks...

- Very easy to do
- Somewhat easy to do
- A bit difficult to do →
- Very difficult to do →

Tell me more about that...

G.3. Did your feelings about the questionnaire change once you started to page through and read the questions?

- No change
- Changed →

In what way did it change?

G.4. When you paged through it, were there any questions that stood out for you?

IF YES: How so?

Make note of page and question numbers along with R's comments. If applicable let R know you'll come back to the question later in the interview.

| Page# and Question #'s | R's comments |
|------------------------|--------------|
| | |
| | |
| | |
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| | |

Work History Section

[In the interest of time, we've divided the questionnaire up to talk with different participants about different sections of the questionnaire. So we won't be going through the entire questionnaire in detail with each person.]

Now I'd like to ask you about the questions in the Work History section on page 2.

W.1.a. Do you have any comments about the LAYOUT of this page?

- No
- Yes →

Comments:

W.1.b. What do you think about the size of the printing (font) or the way the questions are arranged on the page?

Comments:

W.1.c. Overall, would you say it is...

- Very easy to follow
- Somewhat easy to follow
- Somewhat difficult to follow →
- Very difficult to follow →

Tell me more about that...

W.2.a. Looking at the Introduction, do you feel the term radiation technologist applies to you?

- No →
- Yes

Why not?

W.2.b. In general, is this term an appropriate way to describe technologists who are certified or working in different specialty areas (including retirees)?

- No →
- Yes

*How so? Why not?
Is there a better way to refer to this group?*

W.4.a. Looking at Question 8, would you be able to provide your lifetime radiation dose?

- No →
- Yes →

Why (not)?

W.4.b. How confident are you about that information, on a scale of 1-10 with 1 being low and 10 being high?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

W.4.c. If you weren't sure, how do you think you'd answer this question? Would you...

- try to make an educated guess,
- mark the box for unknown,
- leave blank,
- or something else? →

Explain:

W.5.a. Next, please look at Question 10. Would you be able to estimate the # of hours per week you worked as a radiation technologist in each of these time periods?

- No
- Yes

Why (not)?

W.5.b. Could you tell me how you would come up with these estimates?

Probe: What helps you remember 'when' and 'how much' you were working in these time periods?

Explain:

If hard to do: W.5.c. What did you find most difficult in answering this question?

Explain:

W.5.d. How confident are you about that information, on a scale of 1-10, (with 1 being low and 10 high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

Explain:

W.6.a. Now looking at Question 11, would you be able to answer this question?

- No →
- Yes

Explain:

W.6.b. Do you have any other comments about this question?

- No
- Yes →

Explain:

W.7.a. Moving on to Question 12...Would you assume this question includes working as a radiation technologist in either a civilian or military position at these facilities?

- No →
- Yes →

Why (not)?

W.7.b. Do you have any other comments about this question?

- No
- Yes →

Explain:

W.8.a. In Question 13, were you able to estimate the # of times in a typical week you did each of these procedures for the time periods listed?

- No →
- Yes →

Why (not)?

W.8.b. Could you tell me how you would come up with these estimates?

Probe: What helps you remember what procedures you did in which years and how often you did them?

Explain:

W.8.c. What do you find is the most difficult part of coming up with these estimates?

Explain:

W.8.d. How confident would you be about your answers, on a scale of 1 -10 (with 1 being low and 10 being high),?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

Explain:

W.9.a. Would you have any trouble answering Question 14?

Explain:

W.9.b. Does your answer to this question change, depending upon the type of procedure you are doing?

- No
- Yes →

Explain:

| |
|---|
| Birth, infancy and medical history questions |
|---|

Another section I'd like to ask you about is on Page 9.

B.1.a. Questions 28-31 are about your birth and infancy. Would you be able to answer these questions?

- No →
 Yes

| |
|---|
| Explain (include Question # with comments): |
|---|

B.1.b How confident are you about that information, on a scale of 1-10 (with 1 being low, and 10 being high) ?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

| |
|----------|
| Explain: |
|----------|

B.2.a. Question 32 asks about family history of cancer. How likely is it that you would know this information about your parents, siblings or children?

Probe: Does it depend on the relative?

- Likely
 Not likely →

| |
|----------|
| Explain: |
|----------|

B.2.b. How confident are you about that information, on a scale of 1-10 (with 1 being low, and 10 being high) ?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

| |
|----------|
| Explain: |
|----------|

B.2.c. Is there anything in the instructions or format that was confusing or unclear to you?

- No
 Yes →

| |
|----------|
| Explain: |
|----------|

B.3.a. The last question on this page, Question 33, asks about 'visiting a medical facility or clinic' for routine preventive care. Would you be able to answer this question?

- No →
 Yes

| |
|----------|
| Explain: |
|----------|

B.3.b. Do you think of these exams (listed) as routine preventive care?

- No →
 Yes →

| |
|--|
| Why (not)? Probe: What does 'routine preventive care? Mean to you? |
|--|

B.3.c. WOMEN ONLY: **Women may see the same doctor, or different doctors, for gynecologic and other physical exams. Could you talk me through how you would answer this question?**

Probe: **Would you report a physical exam that included a gyn exam as one or two exams?**

B.3.d. MEN AND WOMEN: **What helps you remember the number of exams you've had at various ages?**

Explain:

B.3.e. **How confident would you feel about your estimates for this question, on a scale of 1-10 (with 1 being low and 10 being high)?**

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

Nightshift Work

The last section I want to ask you about is on Page 12.

N.1. **Did you work nights shifts at any job during your life?**

No → Probe re: ALL jobs vs. only RT jobs

Yes

IF NO: N.1.b. **Do/did you work with others who worked nightshifts?**

No SKIP TO WRAP-UP AND CLOSING

Yes

N.1.c. **How easy or hard would it be to answer these questions about PERMANENT nightshift work? Would you say ...**

Very easy

Somewhat easy

Somewhat difficult →

Very difficult →

Tell me more about that?

Not applicable

N.1.d. **Would that change if you were answering the same questions about ROTATING OR ON-CALL night shifts?**

Same

Changed →

In what way did it change?

Not applicable

Wrap-up and closing

Thank you for reviewing the questions and speaking with me today. Do you have any additional questions? (record in grid on page 1)

We really appreciate your taking time to help us. Good day!

U.S. Radiologic Technologists Study – 4th Fourth Survey
Key Informant Questions: Personal Medical Exams

Interview date: ____/____/2011

Interviewer: _____

Study ID: _____

Start time: _____ am/pm

End time: _____ am/pm

General comments about questionnaire:

G.1. Did you have a chance to look over the questionnaire?

- Yes
- No → If questionnaire is readily available to R, proceed; otherwise schedule call-back appointment.)

G.2. Overall, what is your first impression of the questionnaire? Do you think it looks...

- Very easy to do
- Somewhat easy to do
- A bit difficult to do
- Very difficult to do

→ *Tell me more about that...*

→

G.3. Did your feelings about the questionnaire change once you started to page through and read the questions?

- No change
- Changed →

In what way did it change?

G.4. When you paged through it, were there any questions that stood out for you?

IF YES: How so?

Make note of page and question numbers along with R's comments. If applicable let R know you'll come back to the question later in the interview.

| Page# and Question #'s | R's comments |
|------------------------|--------------|
| | |
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| | |

Personal Diagnostic Radiation Exams

[In the interest of time, we've divided the questionnaire up to talk with different participants about different sections of the questionnaire. So we won't be going through the entire questionnaire in detail with each person.]

I'd like to talk with you a bit more about some of the questions in this survey. Could you turn to page 5, the section on Personal DIAGNOSTIC Radiation Exams? Did you review this section? (no...give R time to quickly skim)

P.1. How easy or difficult would it be for you to report the number of times you had various x-ray exams performed on you during the time periods listed?

- Very easy
- Somewhat easy
- Somewhat difficult →
- Very difficult →

Tell me more about that?

P.2. Could you tell me how you came up with these estimates? probe: What helps you remember what procedures you had – in which years – and how often you had them?

Tell me more about that?

P.3. Is there anything about the instructions or the layout for pages 5-6 that could be improved to make it easier to provide this information?

- No →
- Yes

Tell me more about that?

P.4. Looking at the list of exams in Q19 (page 5), for example, exams of the spine. Based on your experience, how easy or hard would it be for you to report the specific type(s) and number of spine exam(s) as they are listed?

- Very easy
- Somewhat easy
- Somewhat difficult →
- Very difficult →

Tell me more about that?

P.5. Next, looking at the fluoroscopy exams listed on the bottom of page 5 and top of page 6, do you have any questions or comments about these procedures?

- No
- Yes →

Explain:

P.6. What about the tomography, CT scans or radionuclide tests (listed on page 6). Do you have any questions or comments related to reporting any of these procedures you may have had as a patient?

- No
- Yes →

| |
|-----------------|
| Explain: |
|-----------------|

P.7. On page 7, question 20 asks about radionuclide THERAPY procedures. Do you have any comments about this question?

- No
- Yes →

| |
|-----------------|
| Explain: |
|-----------------|

P.8. In Question 21, what would you say is the hardest part about trying to answer these questions about x-ray THERAPY procedures that were performed on you over the years?

Comments _____

P.9. Thinking about any/all of the personal medical procedures listed on pages 5-7, how confident would you be about the accuracy of the information you would report on the questionnaire, on a scale of 1-10 (with 1 being low and 10 high)?

| | | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|----------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

Wrap-up and closing

Thank you for reviewing the questions and speaking with me today. Do you have any additional questions? (record in grid on page 1)

We really appreciate your taking time to help us. Good day!

U.S. Radiologic Technologists Study – 4th Fourth Survey

Key Informant Questions: **Physical Activity, Sleep Patterns, Vitamin Use, Sun Exposure**

Interview date: ____/____/2011

Interviewer: _____

Study ID: _____

Start time: _____ am/pm End time: _____ am/pm

General comments about questionnaire:

G.1. Did you have a chance to look over the questionnaire?

- Yes
- No → If questionnaire is readily available to R, proceed; otherwise schedule call-back appointment.)

G.2. Overall, what is your first impression of the questionnaire? Do you think it looks...

- Very easy to do
- Somewhat easy to do
- A bit difficult to do →
- Very difficult to do →

Tell me more about that...

G.3. Did your feelings about the questionnaire change once you started to page through and read the questions?

- No change
- Changed →

In what way did it change?

G.4. When you paged through it, were there any questions that stood out for you?

IF YES: **How so?**

Make note of page and question numbers along with R's comments. If applicable let R know you'll come back to the question later in the interview.

| Page# and Question #'s | R's comments |
|------------------------|--------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

B.3.e. How confident would you feel about your estimates for this question, on a scale of 1-10 (with 1 being low and 10 being high)?

Physical Activity

Moving on to page 10...

PA.1. How easy or difficult would it be for you to answer questions 34 and 35 on physical activity during the PAST YEAR. Would you say...

- Very easy
- Somewhat easy
- Somewhat difficult →
- Very difficult →

Tell me more about that?

PA.2. Were your answers focused only on the PAST YEAR?

- No →
- Yes

If no, tell me more about that?

PA.3. Was the layout of these questions clear to you?

Probe: Would you know how to mark your answer?

- No →
- Yes

If no, tell me more about that?

Sleep patterns

The next questions are about sleep patterns.

S.1. Looking through questions 36 through 40, how easy or hard would it be to answer about your sleep patterns over the PAST YEAR?

Would you say ...

- Very easy
- Somewhat easy
- Somewhat difficult →
- Very difficult →

Tell me more about that? (include Q# w/comments)

S.2. Do the response categories, in each of these questions (36-40) make sense for your sleep patterns?

- No →
- Yes

If no, how might you change them? How would you mark it? (include Q# w/comments)

Vitamin use

On the top of page 11, Question 41, we ask about vitamin use during the PAST YEAR.

V.1. Would you have any trouble answering this question about taking supplements?

No

Yes →

Explain

V.2. Have you taken multi-vitamins during the PAST YEAR?

No

Yes →

V.2.a. Would you have any trouble reporting the brand name?

No

Yes →

Explain. Probe: **How would you answer? Would you guess or leave blank?**

V.3. Have you taken calcium during the PAST YEAR?

No

Yes →

V.3.a. Would you know the total dosage per day you were taking?

No →

Yes

Explain. Probe: **How would you answer? Would you guess or leave blank?**

V.3.b. How confident would you be about your daily dosage of calcium, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

Explain:

V.4. Have you taken vitamin D during the PAST YEAR?

No

Yes →

V.4.a. Would you know the total dosage per day you were taking?

No →

Yes

Explain. Probe: **How would you answer? Would you guess or leave blank?**

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

V.4.b. How confident would you be about your daily dosage of Vitamin D, on a scale of 1-10 (with 1 being low and 10 being high)?

Explain:

Sunlamp & tanning Booth

Now I'd like you to look at the next two questions (42 & 43) on sunlamps and tanning booths.

T.1. How easy or hard would it be for you to answer these questions? Would you say ...

- Very easy
- Somewhat easy
- Somewhat difficult →
- Very difficult →

Tell me more about that?

T.2. Have you ever used a sunlamp or tanning booth?

- No
- Yes →

T.2a. How confident would you be about your answers to these questions (42 & 43), on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

Sun Exposure

The last section I want to review with you is on Sun Exposure, starting at the bottom of page 11.

SE.1. How easy or hard would it be for you to answer Question 44 for the age categories listed?

Would you say ...

- Very easy
- Somewhat easy
- Somewhat difficult →
- Very difficult →

Tell me more about that?

SE.2. Now turn to the top of page 12, Question 45, would you have any trouble answering this question?

- No
- Yes →

Tell me more about that?

Wrap-up and closing

Thank you for reviewing the questions and speaking with me today. Do you have any additional questions? (record in grid on page 1)

We really appreciate your taking time to help us. Good day!

11/04/2011

U.S. Radiologic Technologists Study – 4th Fourth Survey
Key Informant Interview: NUCLEAR MEDICINE Module

Interview date: ____/____/2011 **Interviewer:** _____

Study ID: _____ **Start time:** _____ am/pm **End time:** _____ am/pm

NM1. **Did you have a chance to look over the questionnaire?**

- Yes
- No → If questionnaire is readily available to R, proceed with discussion; if questionnaire has not yet arrived, schedule call-back appointment.)

NM2. **Overall, what was your first impression of the questionnaire? Would you say that it looked:**

- Very easy to do
- Somewhat easy to do
- Somewhat difficult to do →
- Very difficult to do →

| | |
|----------|--|
| Explain: | |
|----------|--|

NM3. **Did your feelings about the questionnaire change once you started to page through and read the questions?**

- No change
- Changed →

| | |
|----------------------------|--|
| In what way did it change? | |
|----------------------------|--|

DIAGNOSTIC RADIOISOTOPE PROCEDURES AND WORK PRACTICES

Now I'd like to ask you about the questions on diagnostic radioisotope procedures and work practices. Let's start with Question 3 - on the top of page 2. [pause]

NM5. **Were you able to estimate the number of years you performed DIAGNOSTIC RADIOISOTOPE procedures for each of the time periods listed?**

- No →
- Yes

| | |
|--|--|
| Explain. Probe: What makes it difficult? (<i>indicate specific procedure category if possible</i>) | |
|--|--|

11/04/2011

NM6. Looking at Question 4, how easy or hard was it to answer this question for the various procedures, radionuclides, and time periods listed? Would you say it was..

- Very easy →
- Somewhat easy →
- Somewhat difficult →
- Very difficult →

Explain (*indicate specific procedure category if possible; if many comments, take note of first three and note respondent had many additional; encourage respondent to include additional comments with completed questionnaire*):

NM7. Could you tell me how you came up with your answers? [pause] Probe: **That is, what helps you recall procedures you did, how often you did them, and in which time periods?**

Comments:

NM8. How confident are you about your answers to Question 4, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

NM9. What do you think is the best unit of time to recall number of diagnostic procedures you did in different time periods? For example, "how many times per.... ":

- day
- week
- month
- other: Specify: _____

NM10. When asked to recall "the number of times per week" you performed a procedure, would your answer change if the question read: "...number of times per calendar" week?

- No
- Yes →

Explain:

11/04/2011

NM11. Does having the radionuclides listed for each type of procedure make it easier or harder to answer this question?

- Easier→
- Harder→

Explain:

Now turning to pages 4 and 5, and still focusing on diagnostic radioisotope procedures...[pause]

NM12. How easy or hard was it to answer the questions on these two pages?

- Very easy→
- Somewhat easy→
- Somewhat difficult →
- Very difficult →

Explain (*indicate specific question if possible*):

NM13. How confident are you about your answers to questions 5a-9b, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

THERAPEUTIC RADIOISOTOPE PROCEDURES AND WORK PRACTICES

Now let's talk about the questions related to therapeutic radioisotope procedures and work practices. These questions begin on the top of page 6 with question number 10. [pause]

NM14. Were you able to estimate the number of years you performed THERAPEUTIC RADIOISOTOPE procedures for each of the time periods listed?

- No→
- Yes

Explain. Probe: What made it difficult? (*indicate specific procedure category if possible*)

11/04/2011

NM15. Question 11 lists some procedures and diseases. How easy or hard was it for you to answer this question? Would you say ...

- Very easy →
- Somewhat easy →
- Somewhat difficult →
- Very difficult →

Explain (*indicate specific procedure/disease category if possible*):

NM16. Could you tell me how you came up with your answers? Probe: That is, what helps you recall procedures you did, how often you did them, and in which time periods?

Comments:

NM17. How confident are you about your answers to Question 11, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

NM18. What do you think is the best unit of time to recall number of diagnostic procedures you did in different time periods? For example, "how many times per.... ":

- day
- week
- month
- other: Specify: _____

Now turning to page 7 and flipping to page 8 (and still thinking about therapeutic radioisotope procedures)...[pause]

NM19. How easy or hard was it to answer the questions on these two pages?

- Very easy→
- Somewhat easy→
- Somewhat difficult →
- Very difficult →

Explain (*indicate specific question if possible*):

NM20. How confident are you about your answers to these questions, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

11/04/2011

The last few questions are about the questionnaire overall.

NM21. In general, thinking about the whole questionnaire, did the order of the sections make sense to you?

Probe (if needed): The current order is all DIAGNOSTIC before all THERAPEUTIC (rather than all PROCEDURES before all work PRACTICES).

- No →
- Yes

Explain. What would you change?

NM22. Thinking about the words and terms used in this questionnaire overall, would you say they were...

- Very easy to understand
- Somewhat easy
- Somewhat difficult →
- Very difficult to understand →

Explain:

NM23. Would you make any changes to the instructions or layout of any of the questions to make it easier to do?

- No
- Yes →

Comments:

NM24. Did the questionnaire contain any questions that were especially difficult or time-consuming for you to answer?

- No
- Yes →

Comments:

NM25. Do you have any other suggestions for improvement?

- No
- Yes →

Comments:

Thank you for completing the questionnaire and speaking with me today. Do you have any additional questions? We really appreciate your taking time to help us. Good day!

10/18/2011

U.S. Radiologic Technologists Study – 4th Fourth Survey
Key Informant Interview: FLUOROSCOPY-GUIDED Module

Interview date: ____/____/2011 **Interviewer:**_____

Study ID:_____ **Start time:**_____ am/pm **End time:**_____ am/pm

General comments about questionnaire:

FG.1. Did you have a chance to fill out the questionnaire?

- Yes
- No -> If questionnaire is readily available to R, proceed; otherwise schedule call-back appointment.)

FG.2. Overall, what was your first impression of the questionnaire? Would you say that it looked:

- Very easy to do
- Somewhat easy to do
- Somewhat difficult to do →
- Very difficult to do →

| | |
|----------|--|
| explain: | |
|----------|--|

FG.3. Did your feelings about the questionnaire change once you started to answer the questions?

- No change
 - Changed →explain:_____
- Probe: How so?

FG.4. Do you have any comments about the layout of the questions, specifically the sections with different time periods?

- No
 - Yes →comments:_____
- Probe: Would you make any changes?

FG.5. Did you have any problems understanding the instructions or how to mark the questionnaire when procedures or questions did not apply to you?

- No
 - Yes →comments:_____
- Probe: Tell me about that.

10/18/2011

FG.6. Turning to page 2, were you able to estimate the number of years you performed fluoroscopically-guided interventional procedures for each of the time periods listed?

- No →
- Yes

Explain. Probe: What made it difficult? *(indicate specific procedure category if possible)*

FG.7. Question 4 lists many different procedures. How easy or hard was it to answer this question for the various procedures and time periods listed? Would you say it was..

- Very easy →
- Somewhat easy →
- Somewhat difficult →
- Very difficult →

Explain *(indicate specific procedure category if possible)*:

FG.8. How confident are you about your answers, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
|-----------------|---|---|---|---|---|---|---|---|-------------------|

Explain:

FG.9. Question 4 lists procedures in two ways. For example, under CARDIAC procedures there is a line for all procedures combined and additional lines for procedures listed separately.

FG.9a. Which way of listing procedures was easier for you to complete?

- ALL procedures combined →
- procedures listed separately →

Explain:

FG.9.b. Which way of listing procedures provides better information about your work history?

- ALL procedures combined →
- procedures listed separately →

Explain:

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FG.10. Could you tell me how you came up with your estimates? That is, what helped you recall the number of procedures you did per month for each of the time periods?

Comments: _____

FG.11. What do you think is the best unit of time (per week, per month, other) to estimate the number of these procedures you performed in different time periods? For example, the number of times per ”:

- week
- month
- or something else? →Specify: _____

FG.12. Did you have any trouble estimating the percentage of time you were ”scrubbed” when you performed these procedures?

- No
- Yes→explain: _____

FG.13. Did the names of the procedures make sense to you?

- No→
 - Yes
- explain/suggest better terminology *(specify procedure category)*

FG.14. Did you have any trouble with the instructions or how you should mark your answers to question 4?

- No
- Yes→explain: _____

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FG.15. Do you have any other comments on this question (#4)?

- No
- Yes → explain: _____

FG.16. Turning to the back page (page 4), Question 5...were you able to answer about protective measures used during different time periods when you were performing fluoroscopically-guided interventional procedures?

- No → explain: _____
- Yes

FG.17. Did you have any trouble with the instructions or knowing how to mark your answers to this question?

- No
- Yes → explain: _____

FG.18. How confident are you about your answers, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

FG.19. What about Question 6 on this page.... Were you able to answer about monitoring badges used during different time periods when you performed fluoroscopically-guided interventional procedures?

- No → explain: _____
- Yes

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FG.20. Did you have any trouble with the instructions or how to mark your answers to this question?

No

Yes → explain: _____

FG.21. How confident are you about your answers, on a scale of 1-10 (with 1 being low and 10 being high)?

| | | | | | | | | | |
|-----------------|---|---|---|---|---|---|---|---|-------------------|
| 1-not confident | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10-very confident |
| Explain: | | | | | | | | | |

FG.22. Did the questionnaire contain any questions that you feel would be especially difficult or time-consuming for you to answer?

Comments: _____

FG.23. Do you have any other suggestions for improvement?

Comments _____

Thank you for completing the questionnaire and speaking with me today. Do you have any questions?

We really appreciate your taking time to help us. Good day!