

U.S. Radiologic Technologists Study Fourth Survey

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

FLUOROSCOPICALLY-GUIDED PROCEDURES MODULE

Instructions:

- Use blue or black ink
- Print legible numbers:
- Mark check boxes: Right Wrong
- Do not make any stray marks on this form.
If you have comments, please write them on a separate piece of paper.

PRIVACY ACT NOTIFICATION STATEMENT

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Please be assured that all information you provide will be kept private under the Privacy Act and will not be disclosed to anyone but the researchers conducting this study, except as otherwise required by law. Any published results from this survey will be reported in statistical summaries only and will never include a participant's name. Your participation in this study is completely voluntary and failure to answer any particular question or the information collection as a whole will not affect your future contacts with the University of Minnesota, the American Registry of Radiologic Technologists, or the National Institutes of Health.

We are interested here in fluoroscopically-guided procedures that use catheters or other types of equipment for diagnosis or intervention, including:

- **cardiac procedures** (such as diagnostic catheterization, electrophysiology studies, pacemaker implant),
- **urology procedures** (such as nephrostomy),
- **orthopedic procedures** (such as vertebroplasty),
- **gastrointestinal procedures** (such as TIPS, ERCP),
- **embolization procedures** (such as fibroids, liver tumor),
- **and other fluoroscopically-guided procedures** (such as port placement, peripheral vascular intervention).

Do NOT report routine fluoroscopy exams (such as upper GI series, esophagram, barium enema) **here.**

Just do your best. Even if not exact, your best estimates are valuable to the study.

Please fill out this module if you ever performed or assisted with fluoroscopically-guided procedures REGULARLY (that is, at least once a month for a year or more).

1. What year did you FIRST perform or assist with fluoroscopically-guided procedures REGULARLY?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FIRST YEAR

2. What year did you LAST perform or assist with fluoroscopically-guided procedures REGULARLY? Enter current year if still doing procedures.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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LAST YEAR

CONTINUE 

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the 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.

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"/>

3. Within each time period shown, how many YEARS did you regularly perform or assist with FLUOROSCOPICALLY-GUIDED procedures?

4. For the following fluoroscopically-guided procedures, please provide your best estimate of HOW MANY TIMES PER MONTH you performed or assisted with these procedures during each time period and what PERCENT TIME you were located WITHIN 3 FEET of the table when performing these procedures. Please provide estimates for the overall procedure group (e.g. all cardiac procedures) and also for the selected individual procedures within each group.

NOTE: If you mark "never done," leave the rest of the columns blank for that procedure.

FLUOROSCOPICALLY-GUIDED PROCEDURE	NEVER DONE	On average, how many times per calendar month did you perform or assist with these procedures during each time period and what percentage of the time were you within 3 feet of the table?								
		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
CARDIAC procedures										
Diagnostic catheterizations	<input 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"/>
Percutaneous coronary interventions (PCI)	<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrophysiology (EP) diagnostic studies	<input 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"/>
Electrophysiology (EP) ablations	<input type="checkbox"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pacemaker or intracardiac defibrillator implantations	<input 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"/>
UROLOGIC procedures										
Percutaneous nephrolithotomy	<input 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"/>
Nephrostomy	<input 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"/>
ORTHOPEDIC procedures										
Vertebroplasty	<input type="checkbox"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Orthopedic extremity nailing	<input 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"/>

FLUOROSCOPICALLY-GUIDED PROCEDURES, cont.	NEVER DONE	On average, how many times per calendar month did you perform or assist with these procedures during each time period and what percentage of the time were you within 3 feet of the table?									
		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	
HEAD and NECK procedures											
Endovascular therapeutic procedures	<input 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"/>	
GASTROINTESTINAL procedures											
Biliary tract procedures	<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Transjugular intrahepatic portosystemic shunts (TIPS)	<input type="checkbox"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Endoscopic retrograde cholangiopancreatography (ERCP)	<input 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"/>	
EMBOLIZATION procedures											
Fibroids	<input type="checkbox"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Liver tumor	<input 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"/>	
Other tumor	<input 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"/>	
Bleeding (any site)	<input 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"/>	
OTHER procedures											
Port placement					<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Peripherally inserted central catheter (PICC) placement	<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Inferior Vena Cava (IVC) filter placement	<input type="checkbox"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Aortic stent grafts	<input type="checkbox"/>						<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Dialysis interventions	<input 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"/>	
Peripheral vascular interventions	<input 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"/>	

5. The following questions are about protective measures that you used when you performed or assisted with FLUOROSCOPICALLY-GUIDED procedures.

PROTECTIVE MEASURES	What PERCENTAGE OF THE TIME did you use these protective measures during each time period?				
	Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
Leaded gloves	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Lead apron	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Thyroid shield	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Lead glasses	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Ceiling suspended shield	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Mobile floor shield	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Table mount shield	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100

6. The following questions are about film or other radiation monitoring badges that you wore when you performed or assisted with FLUOROSCOPICALLY-GUIDED procedures. The term 'lead' refers to lead or lead-equivalent.

MONITORING BADGES	How many radiation monitoring badges did you usually wear during each time period?				
	Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
Number of badges worn	<input type="checkbox"/> Zero <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Zero <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Zero <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Zero <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Zero <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

TYPE AND PLACEMENT OF BADGE	What PERCENTAGE OF THE TIME did you use this type of radiation monitoring badge during each time period?				
	Before 1970	1970-1979	1980-1989	1990-1999	2000-2009
Badge at neck	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Did you usually wear this badge under lead?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Badge at waist	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100	<input type="checkbox"/> Zero <input type="checkbox"/> 1-25% <input type="checkbox"/> 25-74 <input type="checkbox"/> 75-99 <input type="checkbox"/> 100
Did you usually wear this badge under lead?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

Thank you!

OFFICE USE ONLY
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E