**I-131 Questionnaire for Hotel/Nursing Home Management and Staff**

The United States Nuclear Regulatory Commission (NRC) has contracted our company, SC&A, to obtain information about where people reside after they receive radioactive iodine treatment. Radioactive iodine typically is administered in the course of treating thyroid cancer or hyperthyroidism. This treatment is also called radioiodine therapy or I-131 therapy. The NRC is collecting information to find out how often radioiodine-treated patients reside in places other than their homes immediately following treatment. The NRC intends to use this information to estimate what internal and external radiation exposure your staff or guests may have received as a result of patients staying in hotels or motels, nursing homes, hospital beds, or in residential facilities on the hospital campus.

You have been contacted because your facility is located near a medical center or hospital that provides radioactive iodine treatments to patients. If your facility is a hotel or motel, it is possible that patients might choose to stay with you or might be directed to your lodging following such treatment. If your facility is a nursing home, your residents might have undergone I-131 therapy and then returned to your facility, or might have been admitted to your facility immediately following such treatment. The results of this study will help the NRC to see how well the patient release practices are working to protect others from exposures. The information will also help the NRC decide whether additional guidance and instruction is needed for facilities like yours. The information gathered from these surveys will not be used to change NRC regulations or for statistical purposes.

We would greatly appreciate your answering the following survey, to the best of your ability. The survey is intended for both hotel and nursing home management and housekeeping supervisors.

Please note that all responses will be held confidential by the NRC and SC&A and that any results from the survey that are made public will not identify any individuals or facilities.

1. Do you ever have guests or residents who are patients at a nearby medical center or hospital?

Yes\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To your knowledge, in the past two years, have any guests or residents stayed at your facility immediately following treatment with radioactive iodine?

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Don’t Know\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your answer to Number 2 is *No* or *Don’t Know*, you have finished the survey. We would appreciate your answering the Contact Information questions in the last section.**

**If your answer to Number 2 is *Yes*:**

1. Approximately how many of your guests or residents in the past two years were patients who had just (in the same or the preceding day) received radioiodine therapy?

Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has anyone from the medical center or hospital staff given you instructions about guests or residents treated with radioiodine, such as methods for cleaning the person’s room and/or bathroom?

Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t Know\_\_\_\_\_\_\_\_\_\_\_\_\_

If *Yes*, were the instructions given once or periodically (such as once a year), or for each patient?

Periodically\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For each patient\_\_\_\_\_\_\_\_\_\_\_\_

If *Yes*, were the instructions written, verbal (spoken), or both?

Written\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verbal\_\_\_\_\_\_\_\_\_\_\_\_\_ Both\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How close do your employees, by job category, typically come to a guest or resident who has received I-131 therapy and for how long each time?

**Distance from Guest or Resident**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Category** | **0-5 ft** | **5-10 ft** | **10-20 ft** | **More than 20 ft** | **Don’t Know** |
| Front Desk/ Reception |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |
| Food Service |  |  |  |  |  |
| Nursing Care |  |  |  |  |  |

**Time per Contact with Guest or Resident**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Category** | **0-5 min** | **5-10 min** | **10-20 min** | **More than 20 min** | **Don’t Know** |
| Front Desk/ Reception |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |
| Food Service |  |  |  |  |  |
| Nursing Care |  |  |  |  |  |

**Contact Frequency per Day with Guest or Resident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Category** | **0-2** | **2-5** | **More than 5** | **Don’t Know** |
| Front Desk/ Reception |  |  |  |  |
| Housekeeping |  |  |  |  |
| Food Service |  |  |  |  |
| Nursing Care |  |  |  |  |

1. About how much time does it take to clean a guest’s or resident’s room?

0-5 min \_\_\_\_\_\_\_ 15-20 min \_\_\_\_\_\_\_

5-10 min \_\_\_\_\_\_\_ More than 20 min    \_\_\_\_\_\_\_

10-15 min \_\_\_\_\_\_\_ Don’t Know \_\_\_\_\_\_\_

1. If you would like to provide additional information or have any comments, please do so in the text box below.

[TEXT BOX]

1. Did you have any difficulties in understanding the instructions? If so, please describe.

[TEXT BOX]

1. Did you have any problems in following the instructions? If so, please describe.

[TEXT BOX]

1. If you have questions or would like to talk with one of our associates, please contact us:

[Name, phone number, and email address of an SC&A contact]

**Thank you very much for your participation in this survey. Please note that all responses will be held confidential by the NRC and SC&A and that any results from the survey that are made public will not identify any individuals or facilities.**

This information request has been approved by OMB 3150-\_\_\_\_ expiration XX/XX/XXXX. The estimated burden per response to comply with this voluntary collection is approximately 10 minutes per response. Send comments regarding the burden estimate to the FOIA, Privacy, and Information Collection Branch (T-5 F53), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet electronic mail to INFOCOLLECTS.RESOURCE@NRC.GOV; and to the Desk Officer, Office of the Information and Regulatory Affairs, NEOB-10202, (3150- ), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.