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| **OMB No.**  **0925-0656** | **U.S. Radiologic Technologists Study** | **OMB No. 0925-0656 Reinstatement with Revision Requested** | **U.S. Nuclear Medicine Technologists Study** |
| **Previously Approved Questions**  **USRT Fourth Survey Radioisotope Procedures Questionnaire (Supplementary Document S1)** | | **Revisions**  **USNMT Nuclear Medicine Procedures Questionnaire**  **(Attachment 1)** | |
| **Study Title** | U.S. Radiologic Technologists Study |  | U.S. Nuclear Medicine Technologists Study |
| **Questionnaire Title** | Radioisotope Procedures Questionnaire |  | Nuclear Medicine Procedures Questionnaire |
| **Time Periods** | 1945-1964, 1965-1979, 1980-1989, 1990-1999, 2000-2009 | All time period questions | <1980, 1980-1989, 1990-1999, 2000-2009, 2010-2016 |
| **Ever/Never**  **Performed Procedures**  Q5, 15 | How many TIMES per WEEK did you perform (procedure) in each time period?  Never (or NNN) | All procedure questions | Have you EVER performed or assisted with (procedure)?  No  Yes |
| **PET-Brain**  Q5, next to last procedure | How many times per week did you perform **All PET scans (Brain) with 18F-FDG** in each time period? NNN | DP65 | During each time period, how many total TIMES per WEEK did you usually perform or assist with **PET scans (except cardiac) using 18F-FDG**? NNN |
| **PET-Other**  Q5, last procedure | How many times per week did you perform **All PET scans except brain** in each time period (using radioisotope)?  **1**8F-FDG NNN  82Rb-chloride NNN | DP68  DP70 | During each time period, how many total TIMES per WEEK did you usually perform or assist with **Cardiac PET scans using 18F-FDG**? NNN  During each time period, how many total TIMES per WEEK did you usually perform or assist with **Cardiac PET scans using 82Rb-chloride**? NNN |
| **All Other Questions** |  |  | No changes |

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| **Previously Approved Questions**  **USRT Fourth Survey General Questionnaire**  **(Supplementary Document S2)** | | **Revised Questions**  **USRT Radioisotope Procedures Questionnaire**  **(Attachment 1)** | |
| Q2 | What is your DATE OF BIRTH?  NN NN 19NN | GN2 | What is your date of birth?  DD/MM//YYYY |
| Q23 | How many HOURS PER WEEK did you usually work during each time period?  NN (no categories) | WH1 | About how many HOURS per WEEK did you usually work in the field of nuclear medicine during each time period?  <20  20-29  30-35  36-44  45+  NA – did not work in nuclear medicine during this time |
|  | | **Added Questions**  **USRT Radioisotope Procedures Questionnaire**  **(Attachment 1)** | |
|  |  | GN1 | What is your gender?  Male  Female |
|  |  | WH2 | What proportion of your time working in the field of nuclear medicine was spent on PATIENT CARE during each time period?  Less than 25%  25-49%  50-74%  75-100% |

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|  |  | WH3,5,7,9,11 | Which of the following BEST describes the type of FACILITY you usually worked in (time period)?  University or other major medical center  General or community hospital  Outpatient imaging center or clinic  Physician office  NA – did not work in nuclear medicine during this time |
|  |  | WH4,6,8,10,12 | Was the facility you worked in (time period) a MILITARY facility?  No  Yes |
|  |  |
|  |  | WH13 | Which of the following BEST describes your JOB TITLE during each time period?  Staff technologist  PRN technologist  Chief technologist (clinical practice)  Chief technologist (administration)  Educator  Researcher  NA |
|  |  | WH14 | What is the name of your [*current or most recent/next most recent*] employer in the field of nuclear medicine? |
|  |  | WH15 | In what city and state [*is/was*] your [*current or most recent/next most recent*] employer in the field of nuclear medicine located? |
|  |  | WH16a | What year did you FIRST work for this employer? |
|  |  | WH16b | What year did you LAST work for this employer? |
|  |  | WH17 | Did you work for another employer in the field of nuclear medicine prior to this one?  No  Yes (WH14-WH16a repeated for each employer) |