

Attachment 2

Revisions and Additions to the Previously Approved U.S. Radiologic Technologists Study Radioisotope Procedures Questionnaire for the U.S. Nuclear Medicine Technologists Study Nuclear Medicine Procedures Questionnaire

| 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 <u>NNN</u>) | 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? <u>NNN</u> | 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? <u>NNN</u> |
| PET-Other Q5, last procedure | How many times per week did you perform All PET scans except brain in each time period (using radioisotope)? ¹⁸ F-FDG <u>NNN</u> ⁸² Rb-chloride <u>NNN</u> | 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? <u>NNN</u> During each time period, how many total TIMES per WEEK did you usually perform or assist with Cardiac PET scans using ⁸²Rb-chloride? <u>NNN</u> |
| 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? <u>NN NN 19NN</u> | GN2 | What is your date of birth? DD/MM//YYYY |
| Q23 | How many HOURS PER WEEK did you usually work during each time period? <u>NN</u> (no categories) | WH1 | About how many HOURS per WEEK did you usually work in the field of nuclear medicine during each time period? <ul style="list-style-type: none"> • <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? <ul style="list-style-type: none"> • Male • Female |
| | | WH2 | What proportion of your time working in the field of nuclear medicine was spent on PATIENT CARE during each time period? <ul style="list-style-type: none"> • 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)? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • No • Yes |
| | | WH13 | Which of the following BEST describes your JOB TITLE during each time period? <ul style="list-style-type: none"> • Staff technologist • PRN technologist • Chief technologist (clinical practice) • Chief technologist (administration) • Educator • Researcher • NA |
| | | WH14 | What is the name of your [<i>current or most recent/next most recent</i>] employer in the field of nuclear medicine? |
| | | WH15 | In what city and state [<i>is/was</i>] your [<i>current or most recent/next most recent</i>] 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? <ul style="list-style-type: none"> • No • Yes (WH14-WH16a repeated for each employer) |