

PLEASE RETURN VIA FAX (08 9433 0250) OR EMAIL (jrunciman@nd.edu.au)



Thankyou for completing this **anonymous** questionnaire regarding **radiation dose associated with imaging modalities and patient consent prior to investigation.**

Data will be used to compile a review of perceptions of radiation dose, including consent, and make recommendations for continuing professional development activities. Ethics approval has been obtained through the University of Notre Dame’s Ethics Committee and support provided by PHCRED Fremantle. Please direct any questions to James Runciman, at jrunciman@nd.edu.au. Thankyou.

BACKGROUND

The effective dose from investigations using ionizing radiation is measured in Sieverts. A typical PA chest x-ray is approximately 0.02 milliSieverts. When compared with the dose we receive from natural sources (background dose), one chest x-ray is equivalent to about 3 days background radiation. A useful way of explaining radiation dose to patients is in terms of chest x-ray equivalents or BERT (background equivalent radiation time).

Please circle the most likely answer to the question

The lifetime risk of cancer attributable in a 1 year old from an abdominal CT is closest to:

1. 0 2. 1 in 1 000 3. 1 in 10
4. 1 in 1 000 000 5. 1 in 10 000

Do you believe that patients should be informed about the risks of radiation exposure prior to undergoing a CT scan?

1. Never 2. Occasionally
3. Sometimes 4. Usually 5. Always

How often do you explain the risk of radiation exposure to patients prior to requesting a CT scan?

1. Never 2. Occasionally
3. Sometimes 4. Usually 5. Always

Some reasons for omitting an explanation of the risks of radiation exposure are listed below. Please tick those relevant:

1. I don’t want to frighten the patient in case they refuse the test.
2. I don’t understand the risks of radiation exposure.
3. I don’t think the risks of radiation exposure are important.
4. I have more important things to worry about.
5. Other please describe _____

Would you like to have more professional development activities in radiation dose and effects of commonly requested investigations? 1. Yes 2. No If yes, what types of activities? _____

PLEASE INCLUDE YOUR DETAILS TO BE IN THE DRAW FOR 2 BOTTLES OF PENFOLDS WINE:

NAME/PHONE (will be de-identified): _____

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Please complete the following table regarding the estimated CXR equivalent and BERT value for each imaging investigation.

INVESTIGATION	CXR EQUIVALENT (number)	BERT (BACKGROUND EQUIVALENT RADIATION TIME) (units of time)
Eg CXR	Eg. 1	Eg. 3 days
CT head		
CT abdomen		
MRI abdomen		
Ultrasound abdomen		
Bone scan		
Interventional fluoroscopic procedure		