

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Radiation Exposure Checklist - Ver. 1.1**Section Title: Radiation Exposure****Instructions:**

Date Completed

☐ Blank

Screener's ID

1. In the past *12 months* have you participated in any of the following studies (check all that apply):

☐ BLSA ---> 0.52 REM (Please specify) *Only if last visit was less than 1 year ago*

☐ CT ---> 0.5155080 REM *Obs: if no CT done please enter 0.001 if any DEXA*

☐ DEXA ---> 0.0000012 REM

☐ Neuroimaging ---> 0.480 REM

☐ Validate ---> 0.155 REM

NIA Subtotal*

(REM)

2. In the past *12 months* have you been exposed to Xrays, radiation, CT?

X-rays includes dental x-rays, CT scans, mammograms or any other radiation exposure done for your clinical care or other research studies.

☐ Yes ☐ No Click to deselect entry

- | | | |
|---|---------------------------|-------|
| <input type="checkbox"/> Any simple Xray or PET | Add 0.005 for each study: | (REM) |
| <input type="checkbox"/> Any Xray with contrast | Add 0.010 for each study: | (REM) |
| <input type="checkbox"/> Any CT or MUGA | Add 1.550 for each study: | (REM) |
| <input type="checkbox"/> Mamography | Add 0.500 for each study. | (REM) |

Other studies subtotal*: (REM)

Total* (REM) **Do not perform the CT scan if estimate >3.0 REM**

Urine Pregnancy - Age 56 or less please check pregnancy test results
Is the participant female, not hysterectomized, and under 56 years old?

☐ Yes ☐ No Click to deselect entry Urine pregnancy test results ☐ Negative ☐ Positive Click to deselect entry