

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

## BLSA Radiation Exposure Checklist - Ver. 1.0

### Section Title: Radiation Exposure

#### Instructions:

Date Completed

☐ Blank

Tester ID

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*

☐ Knee x-ray ---> 0.0002580 REM

☐ Hand x-ray ---> 0.0000070 REM

☐ DEXA ---> 0.0000012 REM

☐ Neuroimaging ---> 0.480 REM

☐ Validate ---> 0.155 REM

☐ MUGA ---> 1.550 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

☐ Any simple Xray or PET Add 0.005 for each study: (REM)

☐ Any Xray with contrast Add 0.010 for each study: (REM)

☐ Any CT or MUGA Add 1.550 for each study: (REM)

☐ 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

4. Have you ever had knee replacement surgery where all or part of our joint was replaced?

☐ No ☐ Yes ☐ Don't know ☐ Refused

On which side did you have knee replacement surgery?

☐ Right ☐ Left ☐ Both

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**Section Title: Radiography Checklist**

Technician's ID

1. Were hands done?

☐ Both ☐ Left only ☐ Right only ☐ None

Reason not done

☐ Physical problems ☐ Cognitive problems ☐ Refused ☐ Technical problems

2. Were knees done?

☐ Both ☐ Left only ☐ Right only ☐ None

Reason not done

☐ Physical problems ☐ Cognitive problems ☐ Refused ☐ Technical problems ☐ Joint replacement

3. Did hand x-rays receive KL grades 0 in both sides?

☐ Yes ☐ No

4. Did knee x-rays receive KL grades 0 in both sides?

☐ Yes ☐ No

5. Is the participant's age 60 years or older?

☐ Yes ☐ No

6. If answered NO to hip replacement surgery?

☐ Yes ☐ No

7. If answered NO to back surgery or hardware?

☐ Yes ☐ No

## 8. Were sunrise knee RX done?

☐ Both ☐ Left only ☐ Right only ☐ None

Reason not done

☐ Answered NO to any of the above (3-7) ☐ Physical problems ☐ Cognitive problems ☐ Refused ☐ Technical problems

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**Section Title: Radiation Exposure**

Instructions: