Diagnostic X-rays, fluoroscopic examinations (for example: GI series, barium enema) and scans result in minor radiation exposure. It is important that we ask you about these tests each year. Write in the number of examinations. During an examination, more than one "picture" or view may be taken. Count all the views taken on one day as one examination. DO NOT include dental X-rays or Panorex X-rays of teeth in the questions below. DO NOT include MRI's (magnetic resonance imaging) or CAT scans.

1. How many chest X-rays have you had in the LAST YEAR? Write in "0" if you have had none.
   
   _________ Chest X-rays

2. How many X-rays or fluoroscopic examinations (for example: GI series, barium enema) have you had during the LAST YEAR. Write in "0" if you have had none.
   
   _________ Stomach _________ Intestine _________ Back
   _________ Arms/Legs _________ Head/Neck _________ Breasts (Mammogram)

3. How many scans have you had in the LAST YEAR? Write in "0" if you have had none.
   
   _________ Bone _________ Thyroid _________ Heart
   _________ Lung _________ Kidney _________ Brain
   _________ Other: ____________________________

4. During the PAST YEAR, have you been treated with radium, radiation therapy, or radioactive isotopes for a medical condition? Some examples: radioactive isotopes for thyroid disease; radium implant for cervical cancer; radiation therapy for any type of cancer, including skin cancer; X-ray therapy for acne or fungal infections of the scalp or other areas.
   
   ☐ Yes ☐ No
   
   If YES, for what disease? ____________________________
   
   What part of your body? ____________________________
   
   When? From: _________ 19____ to _________ 19____
   
   month month

   (If there was more than one time period of treatment, please list the others on a separate piece of paper.)