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, or barium enema) have you had during the last year? Write "0" if you have had none.

   ______  Stomach
   ______  Intestine
   ______  Back
   ______  Arms/Legs
   ______  Head/Neck
   ______  Breast (Mammogram)

3. How many scans have you ever had in the last year? Write "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 isotope 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 ______

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