Exposure to all kinds of X-rays is a matter of particular interest to the Public Health Service, and I have some questions about X-rays and fluoroscopes.

39a. Did anyone in the family have his teeth X-rayed during the past 3 months, that is from (date) through last Sunday? Y N *(40)*

b. Who was this? *Mark "Dental" in person's column* c. Anyone else?

39b. ☐ Dental ☐ Other *(Specify)* _____ Part of body

40a. During the past 3 months did anyone in the family have a chest X-ray? Y N *(41)*

b. Who was this? *Mark "Chest" in person's column* c. Anyone else?

40b. ☐ Chest ☐ Other *(Specify)* _____ Part of body

41a. Did – – have any (other) kind of X-ray at all during the past 3 months? If "Yes," ask:

b. What part of the body was X-rayed? *Enter part of body in person's column*

c. Did – – have any other X-ray during the past 3 months?

41a, c. Y N *(NP)*

b. _____ Part of body

42a. Did – – have a fluoroscope during the past 3 months? If "Yes," ask:

b. What part of the body was it for? *Enter part of body in person's column*

c. Did – – have any other fluoroscope during the past 3 months?

42a, c. Y N *(NP)*

b. _____ Part of body

43a. During those 3 months, did anyone in the family have any X-rays for the TREATMENT of a condition? Y N *(43d,44)*

b. Who was this? *Mark "Treatment" in person's column* c. Anyone else?

d. What part of the body was treated? *Enter part of body in person's column*

43b. ☐ Treatment

d. _____ Part of body

For each person with X-rays, fluoroscopes, or treatment in 39-43, ask:

44. What is – –'s height and weight?

44. Height: Feet | Inches; Weight *(Lbs.)*

Table R – FILL ONE LINE FOR EACH "PART OF BODY" ENTRY FROM QUESTIONS 39–43

Line number	Col. No. of person (a)	Question No. (b)	Part of body (c)	How many different times did – – have his . . . X-rayed during the past 3 months? (d)	For dental X-rays, ask: Where did he have the X-rays taken – at a dentist's office or some other place? For X-rays other than dental, ask: Where did he have the X-rays taken – at a doctor's office, a hospital, or some other place? *(If "Some other place," determine place.)* If more than one place given, ask for each place: How many X-rays were taken at the (hospital, doctor's office, etc.)? (e)	If more than one time at any one place, ask: Were all these X-rays taken at the same (dentist's office, doctor's office, etc.)? (f)	What is the name and address of the (dentist, doctor, hospital, etc.) where the X-rays were taken? For X-rays taken at hospitals, clinics, or similar places, ALSO enter the name of the doctor who took the X-rays. For X-rays taken at mobile units, enter: "Mobile unit" on name line; location of unit at time of X-ray on address line; and name and address of sponsoring organization and date of X-ray in footnote. Verify name and address in telephone directory. Check "Verified" box. If unable to verify, give reason in a footnote. Enter the telephone number if available. (g1)
1				_____ Times	☐ Dentist's office . . . . . _____ Times ☐ Doctor's office . . . . . _____ Times ☐ Hospital . . . . . _____ Times ☐ Other *(Specify)* . . . . . _____ Times	Y N *(g1, g2)*	Name and title; Address; City; State; ZIP code; ☐ Verified; Telephone No.
2				_____ Times	☐ Dentist's office . . . . . _____ Times ☐ Doctor's office . . . . . _____ Times ☐ Hospital . . . . . _____ Times ☐ Other *(Specify)* . . . . . _____ Times	Y N *(g1, g2)*	Name and title; Address; City; State; ZIP code; ☐ Verified; Telephone No.
3				_____ Times	☐ Dentist's office . . . . . _____ Times ☐ Doctor's office . . . . . _____ Times ☐ Hospital . . . . . _____ Times ☐ Other *(Specify)* . . . . . _____ Times	Y N *(g1, g2)*	Name and title; Address; City; State; ZIP code; ☐ Verified; Telephone No.

Ask after completing Table R for all related persons with X-rays.

45. May we contact the (doctor, dentist, hospital, etc.) you have mentioned to obtain additional information about the X-rays? (Present form for signature) Will you please sign this form?

☐ Signed ☐ Not signed *(Enter reason)*

Table R – *Continued*

Use for additional name and address (g2)	DO NOT ASK FOR DENTAL X-RAYS: What was this X-ray for – a checkup, an examination, or for a treatment? (h)	How many of these – – X-rays were for treatment? (i)	Ask for each person with 2 or more lines in Table R after all X-rays have been recorded for a person. DO NOT include dental X-rays in number of visits. (Not counting his dental X-rays) Altogether he had – – X-rays during the past 3 months. How many separate visits did he make to have these – – X-rays? (k)	Line number
Name and title; Address; City; State; ZIP code; ☐ Verified; Telephone No.	☐ Checkup/Examination *(k)* ☐ Treatment *(k)* ☐ Both *(i)*	_____ Number	_____ Number of visits	1