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