

QUESTIONNAIRE

1. What is your age?	[] years																							
Please circle your answers to all of the questions below																								
2. What is your sex?	[Male]	[Female]																						
3. From where do you normally get your health information? <i>(you may choose more than 1 answer)</i>	[Doctor] [General knowledge] [Taught knowledge] [Internet] [Reading] [TV] [Word of mouth]																							
4. Have you had an X-Ray before?	[Yes]	[No]																						
5. Please rate your pain, by choosing a single number on the scale:	<table style="margin: auto; border: none;"> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10</td> </tr> <tr> <td style="text-align: center;">no pain</td><td></td><td></td><td></td><td style="text-align: center;">moderate pain</td><td></td><td></td><td></td><td></td><td></td><td style="text-align: center;">worst ever pain</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9	10	no pain				moderate pain						worst ever pain
0	1	2	3	4	5	6	7	8	9	10														
no pain				moderate pain						worst ever pain														

KNOWLEDGE

6. Do any of the following produce radiation that may lead to cancer at a later age? <i>(you may choose more than 1 answer)</i>	[Air] [Sun] [X-ray scan] [Mobile phone] [CT scan] [MRI scan] [Ultrasound scan]				
7. What is the nearest risk of the following occurring in a lifetime? <i>(please choose 1 answer for each of the 6 cases below)</i>					
a) cancer from X-ray of arm	b) cancer from CT scan of spine	c) cancer from MRI scan of body	d) cancer in general	e) cancer from Smoking	f) dying in a Road accident
[1 in 3]	[1 in 3]	[1 in 3]	[1 in 3]	[1 in 3]	[1 in 3]
[1 in 10]	[1 in 10]	[1 in 10]	[1 in 10]	[1 in 10]	[1 in 10]
[1 in 100]	[1 in 100]	[1 in 100]	[1 in 100]	[1 in 100]	[1 in 100]
[1 in 1000]	[1 in 1000]	[1 in 1000]	[1 in 1000]	[1 in 1000]	[1 in 1000]
[1 in 100,000]	[1 in 100,000]	[1 in 100,000]	[1 in 100,000]	[1 in 100,000]	[1 in 100,000]
[1 in 1,000,000]	[1 in 1,000,000]	[1 in 1,000,000]	[1 in 1,000,000]	[1 in 1,000,000]	[1 in 1,000,000]
[no chance]	[no chance]	[no chance]	[no chance]	[no chance]	[no chance]
[don't know]	[don't know]	[don't know]	[don't know]	[don't know]	[don't know]

The questionnaire continues on the back of this sheet...

PERCEPTION & ATTITUDE

<p>8. Do you consider X-rays as dangerous? (please choose 1 answer)</p>	<p>[No] [Yes, low danger] [Yes, moderate danger] [Yes, high danger]</p>		
<p>9. Do you have any worries or concerns about having an X-ray?</p>	<p>[Yes]</p>	<p>[No]</p>	
<ul style="list-style-type: none"> • If you answered No to the question above, please go to Q12... • If you answered Yes to the question above, please go to Q10... 			
	<p>10. What is your main concern about X-rays? (please write an answer in the box)</p>		
	<p>11. Have you ever refused an X-Ray that the doctor recommended, due to your concern?</p>	<p>[Yes]</p>	<p>[No]</p>
<p>12. Do you consider nuclear power plants as acceptable?</p>	<p>[Yes]</p>	<p>[No]</p>	
<p>13. Have you ever thought you needed an X-Ray, but not had one carried out?</p>	<p>[Yes]</p>	<p>[No]</p>	
<p>14. Should the patient have the final say (rather than the doctor) on deciding whether to have an X-Ray?</p>	<p>[Yes]</p>	<p>[No]</p>	
<p>15. If a new X-ray machine were available that used significantly less radiation, would you be prepared to travel an extra 50 miles to a hospital with this technology?</p>	<p>[Yes]</p>	<p>[No]</p>	
<p>16. If a new X-ray machine were available that produced better quality imaging, would you be prepared to travel an extra 50 miles to a hospital with this technology?</p>	<p>[Yes]</p>	<p>[No]</p>	

Thank you for completing this questionnaire. Please return the questionnaire to me.

This box is for any comments you may have: