

## Introduction

"**Is your Imaging EuroSafe?**" comprises a series of monthly surveys on CT DRLs for different indications, which are being carried out by the [EuroSafe Imaging campaign](#), coordinated by the [European Society of Radiology](#).

The surveys focus on the assessment of the status quo in CT practice in Europe, with the ultimate aim of increasing awareness about radiation protection among medical professionals and establishing benchmarks.

For more details on "Is your Imaging EuroSafe?" please [click here](#).

The individual surveys on the different indications will be released monthly in the ESR News. It will take you 10-15 minutes to complete each survey.

This present survey focuses on Chest CT for Pulmonary Embolus. Later on, we will also publish surveys on a monthly basis on the following indications:

- **CT head:** acute stroke (published in November 2014), acute head trauma
- **CT chest:** rule out pulmonary metastases of extrathoracic cancer, HRCT for diffuse parenchymal disease
- **CT abdomen:** liver metastases, urinary calculus, appendicitis
- **CT Colonography**
- **Cardiac CT:** calcium coronary scoring

Each online survey will collect data on:

- **Standard practice** (dose check, CTDI, use of protocols)
- **Scanner specifications** (year of (first) installation, brand, number of detector rows)
- **Adult patient data on a specific disease** (age, dose modulation, iterative reconstruction, CTDI vol, DLP)

If you want to download this survey in pdf-format, please [click here](#).

All data will be stored and managed appropriately. No site, centre or patient exam will be traceable from publications or presentations that refer to the survey.

All participants will be acknowledged, provided with the results, and asked to agree to be surveyed again in three years in order to monitor any significant DRL dose changes.

**By completing this questionnaire, you are indicating your consent to participate in this research.**

## Instructions for Respondents

1. To avoid multiple replies from the same centre, each institution is asked to nominate one single radiologist/radiographer/medical physicist to complete the questionnaire.
2. Please complete the survey using data from five patients for the clinical indication. Please make sure that the data from each of the five patients has been obtained using the same CT scanner.
3. Data can be collected either retrospectively from PACS archives or prospectively from current patients, at the respondents' discretion.
4. It will take you 5-10 minutes to complete each survey.

## Pulmonary Embolus - Is your Imaging EuroSafe?

5. We are sorry that each survey contains a section on contact information. This data is need for administrative purposes.

### Contact Information

**\* 1. Country:**

**\* 2. City:**

**\* 3. Hospital/Institution name:**

**\* 4. Email contact:**

**\* 5. Profession of qualified respondent (please do not respond if you are still in training):**

### Standard Practice

**\* 6. Do you routinely use protocols for chest CT for pulmonary embolus?**

- Yes
- Sometimes
- No
- I don't know

### Scanner Specifications

In the following, you will be asked to provide data of five patients for the clinical indication. In this section, please provide data from the CT scanner used in the examination of these five patients.

**\* 7. Year of installation:**

**8. Year of first installation (in case of used/second hand equipment):**

**\* 9. Number of detector rows:**

**\* 10. Brand:**

### Adult Patient Data: CT Chest - Pulmonary Embolus

## Pulmonary Embolus - Is your Imaging EuroSafe?

In this section, please list data for five patients for the clinical situation "CT Chest - Pulmonary Embolus".

Please note that the data should all be from the same scanner, which you have provided in the previous section.

### CT Chest - Pulmonary Embolus: Patient 1

**\* 11. Dose modulation used?**

- Yes
- No

**\* 12. Iterative reconstruction?**

- Yes
- No

**\* 13. CTDI vol (mGy): please report the value from the complete CT study:**

**\* 14. DLP (mGy.cm): please report the value from the complete CT study:**

**\* 15. Please specify the CTDI phantom size:**

- 16cm
- 32cm

### CT Chest - Pulmonary Embolus: Patient 2

**\* 16. Dose modulation used?**

- Yes
- No

**\* 17. Iterative reconstruction?**

- Yes
- No

**\* 18. CTDI vol (mGy): please report the value from the complete CT study:**

**\* 19. DLP (mGy.cm): please report the value from the complete CT study:**

## Pulmonary Embolus - Is your Imaging EuroSafe?

**\* 20. Please specify the CTDI phantom size:**

- 16cm
- 32cm

### CT Chest - Pulmonary Embolus: Patient 3

**\* 21. Dose modulation used?**

- Yes
- No

**\* 22. Iterative reconstruction?**

- Yes
- No

**\* 23. CTDI vol (mGy): please report the value from the complete CT study:**

**\* 24. DLP (mGy.cm): please report the value from the complete CT study:**

**\* 25. Please specify the CTDI phantom size:**

- 16cm
- 32cm

### CT Chest - Pulmonary Embolus: Patient 4

**\* 26. Dose modulation used?**

- Yes
- No

**\* 27. Iterative reconstruction?**

- Yes
- No

**\* 28. CTDI vol (mGy): please report the value from the complete CT study:**

**\* 29. DLP (mGy.cm): please report the value from the complete CT study:**

**\* 30. Please specify the CTDI phantom size:**

- 16cm
- 32cm

CT Chest - Pulmonary Embolus: Patient 5

**\*31. Dose modulation used?**

- Yes
- No

**\*32. Iterative reconstruction?**

- Yes
- No

**\*33. CTDI vol (mGy): please report the value from the complete CT study:**

**\*34. DLP (mGy.cm): please report the value from the complete CT study:**

**\*35. Please specify the CTDI phantom size:**

- 16cm
- 32cm

Feedback, comments, questions?

**36. In case of any questions or if you want to leave a message, please let us know here:**

End!

Thank you for participating in this survey!