**Supplementary File S1: Details on the questions on medical radiological history asked.**

|  |  |  |
| --- | --- | --- |
| 4.10- It is probable that during your life you have had an X-ray. I will list you different parts of the body and of X-ray and you will indicate if you have had any of them. |   |   |
|  | **Site** |  | **No. Of times** | **Age first** | **Age last** |
|  |  |  |  |  |  |
|  | Teeth |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Thorax |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Abdomen with no contrast |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Bones |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Face / scalp |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Kidneys with |  |  |  |  |
|  | Contrast |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Abdomen with contrast |  |  |  |  |
|  | or enema |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Mammography |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |
|  | Scanner/TAC |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |
|  | Gammagraphy |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Others (specify): |  |  |  |  |
|  |  |  |  |  |  | Yes |  | No |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |