**Resources used to carry out this audit to carry out the audit**

We will use this information to estimate the costs of finding vertebral fractures in order to help local services create a business case.

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| --- | --- | --- |
| 1. **Which method did your FLS use to complete this audit?** | * Image reporting only * A mix of image reporting and rereading images (e.g. image report expert or computer software) * Rereading images only (e.g. image report expert or computer software) | Please note that ‘re-reading images’ in this question refers to to identifying new vertebral fractures, not confirming the presence. |
| 1. **How does your site identify patients with vertebral fracture(s)?**   **Please select all that apply** | * Not applicable * Visits spine clinic/reviews letters * Dedicated DXA imaging (VFA) * Screening general radiology reports * Re-reading radiology images * Fracture clinic lists * Emergency Department lists * Other (please specify) |  |
| 1. **Please tell us the number of hours of NURSING time taken to carry out this audit** | * No. of hours BAND 3 * No. of hours BAND 4 * No. of hours BAND 5 * No. of hours BAND 6 * No. of hours BAND 7 * No. of hours BAND 8 * N/A | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of RADIOLOGIST time taken to carry out this audit** | * No. of hours CONSULTANT * No. of hours REGISTRAR * N/A | If you do not have an exact number of hours, please provide an estimate.  This includes both time taken to setup the alert system/coding for FLS and participation in the audit |
| 1. **Please tell us the number of hours of DOCTOR (NON-RADIOLOGIST) time taken to carry out this audit** | * No. of hours CONSULTANT * No. of hours REGISTRAR * Not applicable | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of ADMIN time taken to carry out this audit** | * No. of hours BAND 2 * No. of hours BAND 3 * No. of hours BAND 4 * No. of hours BAND 5 * No. of hours BAND 6 * N/A | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of RADIOGRAPHER time taken to carry out this audit** | * No. of hours BAND 4 * No. of hours BAND 5 * No. of hours BAND 6 * No. of hours BAND 7 * No. of hours BAND 8 * N/A | If you do not have an exact number of hours, please provide an estimate |
| 1. **Please tell us the number of hours of OTHER HEALTH PROFESSIONAL time taken to carry out this audit** | * No. of hours BAND 3 * No. of hours BAND 4 * No. of hours BAND 5 * No. of hours BAND 6 * No. of hours BAND 7 * No. of hours BAND 8 * N/A |  |
| 1. **Please describe any other resources that you used to carry out this audit** | Free text |  |