**CT TAVI COLLABORATIVE *survey monkey questionnaire***

**BASELINE DEMOGRAPHICS**

**Name of hospital and Trust**

……..

**Do you work in a centre that performs TAVI?**

Yes No

**What proportion of TAVI patients undergo CT TAVI prior to TAVI at your centre?**

0-25% 25-50% 50-75% 75-100%

**What is the estimated volume of CT TAVI in your centre per annum?**

0-50 50-100 100-150 150-200 >200

**Who is responsible for reporting CT TAVI at your centre?**

Cardiologist Radiologist Both (% split) other

**CT TAVI ACQUISITION**

**What scanner/s are you using?**

Siemens Phillips GE Toshiba other/s

Model/s……..

**Is your CT TAVI protocol:**

Retrospective (whole cardiac cycle)

Prospective ECG-gated wide-padding (i.e. 30-80%)

Prospective ECG-gated narrow padding (i.e. 20-40 or 60-80%) - please state range:

**Describe your typical CT TAVI protocol?**

……..

**Do you administer beta blockers?**

Yes No

**What is the contrast dose of the last 5 TAVI scans?**

……..

**What is the radiation dose of the last 5 TAVI scans?**

……..

**Do you include vascular access assessment?**

Yes No Sometimes (if so please state when)

If yes – what i.e. circle of Willis to femoral artery or popliteal artery, do you include carotids and subclavian?

……..

**Do you include coronary assessment?**

Yes No Sometimes (if so please state when)

**CT TAVI REPORTING**

**Which analysis software do you use?**

……..

**Concerning TAVI CT, do you report:**

systolic aortic measurements diastolic aortic measurements both

other (please state what)

**What measurements/structures are typically included in your report? (Tick all that apply)**

Aortic annulus circumference

Aortic annulus area

Aortic annulus diameter (perimeter derived)

Aortic annulus diameter (area derived)

Minimum short axis measurement Sinus of Valsalva diameter:

cusp-cusp

cusp-commissure

Extent and distribution of aortic root calcification

LVOT calcification

Number of valve cusps (e.g.bicuspid, tricuspid, quadricuspid)

Distance (height) from aortic annulus to ostia of LMS

Distance (height) from aortic annulus to ostia RCA

Distance (height) from aortic annulus to sinotubular junction (left cusp)

Distance (height) from aortic annulus to sinotubular junction (right cusp)

Distance (height) from aortic annulus to sinotubular junction (non-coronary cusp)

Presence of LAA thrombus

Presence of LVH

Presence of LV thrombus

Ascending aorta Diameter

Ascending aorta extent of calcification

Ascending aorta angulation

Aortic arch branch anatomy

Assessment of descending and abdominal aorta (tortuosity, intraluminal obstruction, calcification)

Subclavian and brachiocephalic artery luminal diameter

Subclavian and brachiocephalic artery patency

Subclavian and brachiocephalic artery tortuosity

Minimum Ilio-femoral artery luminal diameter

Ilio-femoral artery patency

Ilio-femoral artery tortuosity

Optimal tube angulation data to inform fluoroscopic projection for device deployment

**TAVI Multi-Disciplinary Team meeting**

Does your centre have a TAVI MDT process?

If yes, please answer the following:

What other imaging modalities are routinely reviewed (CT, MRI, echo, other (please state..)

Is a cardiac imager (radiologist or cardiologist) present at the TAVI MDT?

Are echocardiogram reports reviewed as part of the MDT process?

Are echocardiogram images reviewed as part of the MDT process?

Are the CT reports reviewed as part of the MDT process?

Are the CT images reviewed as part of the MDT process?

Are the MRI reports reviewed as part of the MDT process?

Are the MRI images reviewed as part of the MDT process?

Are other images reviewed as part of the MDT process? If so what…..?

**END OF SURVEY MONKEY**