:Table 4.17 Questionnaire Results

X-Ray department						For Patients			For Staff	
No	**Center name**	**Lead shield Yes/no**	**lead glass Yes/No**	**Qc programs yes/No**	**No of physicist**	**Gonad shield Yes/No**	**lead Apron Yes/No**	**Thyroid shield Yes/No**	**Gloves Yes/No**	**TLD Yes/No**
1	E.D.C	yes	Yes	Yes	1	No	Yes	No	No	No
2	N.H	Yes	No	yes	0	No	yes	No	No	No
3	EH	No	No	Yes	0	No	No	No	No	No
4	EC	yes	No	yes	0	No	yes	No	No	No