**Appendix 1: Survey**

Thank you for your participation in the Residual Lesion Score project. We are attempting to understand how the various sites modified the research protocol to meet their needs and how they were able to send [forms] in to the Core Lab in a timely fashion. To that end, we would appreciate your input regarding several aspects of the protocol.

**Description of Practice** (Variation in Practice)

Please indicate if your site performed the following **in preparation for**, or **during** the conduction of, the study as a whole:

All participating sonographers/MDs watched Core Site training webinars Yes / No

All participating sonographers/MDs reviewed the technical manual Yes / No

Provided additional local education to sonographers Yes / No

Provided additional local education to MD s (TEE) Yes / No

Certified a core group of sonographers for the conduct of the study Yes / No

Fellows were allowed to perform RLS initial transthoracic echos Yes / No

Altered existing lab materials for the study (such as protocols) Yes / No

Created new lab materials for the study (such as protocols) Yes / No

Used laminated protocol checklists Yes/No

Used smart exam protocols set up on machine Yes / No

Used reminders, such as email or other communications, for RLS subject echos Yes / No

Other-----------

Regarding performance of **Intraoperative** RLS TEE/epicardial echoes in the OR, did your site:

Limit performance of these studies to a subset of physicians Yes / No

Fellows were allowed to participate in intraoperative echos Yes / No

Alter clinical assignments in order to perform these studies Yes / No

Have sonographers in OR at time of image acquisition Yes / No

Use epicardial imaging Yes / No

If yes, who performed the epicardial image acquisition?

MD echocardiographer Yes / No

Surgeon Yes / No

Other-----------

Regarding performance of **Discharge** RLS TTE echocardiograms, did your site:

Limit image acquisition to a subset of sonographers Yes / No

Allow fellows to perform discharge echo Yes / No

Alter clinical assignments for the conduction of these studies Yes / No

Other\_\_\_\_\_\_\_

Regarding **Data Entry** into the **RLS Data Collection Forms (DCFs)**, at your site, most/all measurements were recorded on the DCF by the:

1. sonographer who performed the echo
2. the physician reading the echo
3. specific study site echocardiographer MD
4. specific study site sonographer
5. all of the above
6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following the **conclusion** of the RLS study, which (if any) of the following statements are true:

We used our lab imaging protocols throughout the study and still do so Yes / No

(RLS protocols closely matched the standing lab protocols)

We have continued to use the RLS imaging protocols Yes / No

(RLS study protocols were preferred to our prior protocols)

We have reverted to our lab’s prior clinical protocols Yes / No

(RLS protocols were not preferred to our lab’s protocols)

*If so, main reason for reverting back to our lab’s prior protocols was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(too detailed/time consuming? Other reason)*

During the study, please describe any process(es) your site had for **Quality Review**:

How often was this done?

**Free form description**

Please give a brief description of how your site implemented the echo acquisition and assessment protocol in addition to/in lieu of steps described above: