Radiological tools are critical for monitoring cystic fibrosis (CF) patients’ thoracic, abdominal, rhinosinusal, and bone systems. Given the likelihood of increasing demand for ionizing techniques for research purposes, we sought to determine how clinicians use radiological tools in their centers.

**Methods:** A 39-item questionnaire was sent to 49 pediatric and adult CF centers in July 2011. Questions were asked on frequency and indications for thoracic, abdominal, rhinosinusal, and bone imaging, as well as the radiological devices available.

**Results:** Thirty-three of 49 (68%) centers answered the questionnaire. Among them, 36% were pediatric centers, 33% mixed, and 31% adult centers. An annual chest x-ray was done routinely in more than 95% of centers, starting at the initial stage of the disease (neonatal screening). While adult clinicians did not routinely perform chest CT, 72% of the pediatricians requested it routinely. Pediatricians declared doing the first chest CT at a mean of 4.9±1.2 years of age, and every 2 or 3 years thereafter. Respectively, 32% and 20% of pediatric and adult centers regularly indicated the cumulative doses received by patients on medical charts. MRI was used in seven out of 33 centers mainly for abdominal indications.

Annual chest x-ray is part of routine follow-up for most centers; however, divergent attitudes have emerged regarding chest CT use between pediatric and adult centers. The reasons for the routine use of chest CT in pediatric patients will need further investigations. Furthermore, efforts should be made by clinicians to regularly monitored cumulative doses received by their patients, particularly in the pediatric population.

**Conclusion:** In the last 10 years there have been changes in the clinical presentation of patients due to early diagnosis, along with the best outpatient care and treatment.