

CT Calcium Score Questionnaire

Name: _____ D.O.B. ____/____/____ Sex: M/F WT: _____ lbs

YES NO Is there any chance you may be pregnant? Date of last menstrual period? ____/____/____

YES NO Do you wear a Dexcom, Libre, or other glucose monitor?

Which ethnicity do you most closely identify with?
(We will use your answer to compare your results to those with a similar ethnic background.)

African American

Caucasian

Chinese

Hispanic

YES NO Do you have unexplained fever?

YES NO Are you immunocompromised? If uncertain, select NO.

YES NO Do you have a history of being diagnosed with cancer? Type? _____

YES NO Are you in a lung cancer screening program with yearly CTs of the chest?

YES NO Do you now or have you ever smoked?

If YES, how many years did you smoke? _____ years

How many packs per day did you smoke? _____ packs per day

How long ago did you quit? If still smoking, mark as "0": _____ years ago

Patient Signature: _____ Date: ____/____/____

Technologist Notes: _____

Technologist's Initials: _____