

**CT Lung Screening Questionnaire**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M/F WT: \_\_\_\_\_ lbs

**YES**  **NO**  **Have you received a COVID vaccine? If yes, please answer the following: Pfizer/Moderna/J&J**  
**1<sup>st</sup> dose date:** \_\_\_\_\_ **Arm: RIGHT / LEFT** **2<sup>nd</sup> dose date:** \_\_\_\_\_ **Arm: RIGHT / LEFT**

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
- Asian
- 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  Have you had a previous CT (any type) or cardiac nuclear medicine (myocardial perfusion) study in the past 12 months? If YES, what/how many: \_\_\_\_\_

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

**I acknowledge that all the information given is accurate and thereby consent to have CT with or without an injection of contrast performed on me.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

Technologist Notes: \_\_\_\_\_

Technologist's Initials: \_\_\_\_\_