



CT SCAN PROCEDURE COMPLETION FORM

ID NUMBER:

FORM CODE:

C	P	C
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DATE: 8/31/2017
Version 1.0

Instructions: This form is completed for each participant eligible for the CAC CT Scan study.

ADMINISTRATIVE INFORMATION:

0a. Form Completion Date: / /
Month Day Year

0b. Staff Code:

1. Was the CT scan performed?

- 1 Yes, Completed **GO TO QUESTION 2**
- 2 Attempted, but incomplete
- 3 Not attempted **GO TO QUESTION 1b**

1a. Reason attempted but incomplete:

- 1 Claustrophobia **SAVE & CLOSE FORM**
- 2 Other

1a1. If other, specify: _____ **SAVE & CLOSE FORM**

1b. Reason not attempted:

- 1 No show **SAVE & CLOSE FORM**
- 2 Rescheduled **SAVE & CLOSE FORM**
- 3 Refused to sign informed consent form **SAVE & CLOSE FORM**
- 4 Other

1b1. If other, specify: _____ **SAVE & CLOSE FORM**

2. CT Scan Date: / /
Month Day Year