



CT SCAN RECRUITMENT AND ELIGIBILITY FORM

ID NUMBER:

FORM CODE:

DATE: 12/14/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Would you be interested in participating in this part of this study, as I've described?

Y Yes **GO TO ITEM 1**

N No

0c1. If no, why not? _____ **GO TO CLOSING SCRIPT**

1. [For Staff:] Did participant agree to the study?

Y Yes

N No **COMPLETE 1a, THEN GO TO CLOSING SCRIPT**

1a. If no, why not? _____ **SAVE and CLOSE the form**

CLOSING SCRIPT (for participants who decide NOT to participate):

"Thank you for your time." → End of Form

"Thank you. Before we set up a date and time for your CT scan, I have some additional questions."

2. Has a doctor said you have had a heart attack?

Y Yes

N No

3. Have you had a bypass procedure on your heart?

Y Yes

N No

4. Have you had angioplasty or a stent of the coronary arteries of your heart?

Y Yes

N No

5a. CT Scan Appointment date: / /
Month Day Year

5b. CT Scan Appointment time: :
Hour Min