

CT-scan hart vragenlijst – Engels Questionnaire for cardiac CT scans

Name: _____

Date of birth: _____

Weight: _____ kg Height: _____ m

1. In the past week, have you:
- had a CT scan with iodine-based contrast agent? yes no
- undergone cardiac catheterisation? yes no

2. Are you allergic to iodine-based contrast agent? yes no
If so, how severe was this reaction?
 Mild allergic reaction with itching, red bumps and/or nausea
 Severe allergic reaction requiring medical intervention (eg breathing difficulties, hospitalisation)

3. Do you have an overactive thyroid? yes no

4. In your case, do health professionals have difficulty drawing blood from you or inserting an IV? yes no

5. Have you ever undergone breast-preservation surgery or a mastectomy? yes no
If so, on which side?
 Left
 Right
Was a lymph node removed from an armpit during this surgery? yes no

6. For women: Are you (possibly) pregnant? yes no

7. Do you smoke or have you ever? yes no

8. Do you have high blood pressure (hypertension)? yes no
Are you taking medication for this? yes no

9. Do you have low blood pressure (hypotension)? yes no
Are you taking medication for this? yes no

10. Do you have COPD? yes no
11. Do you have high cholesterol?
Are you taking medication for this? yes no
 yes no
12. Is there a history of heart problems in your family? yes no
13. Have you had a heart attack? yes no
14. Do you experience heart-related problems (eg heart palpitations) with physical exertion? yes no
15. Have you had heart bypass surgery? yes no
16. Do you have a stent in your heart? yes no
17. Are you allergic to any medications? yes no
18. Do you take Viagra tablets? yes **no**

Medication in preparation for the CT scan

Did you have to take any medication in preparation for the CT scan?

If so, name of the medication: _____

Medication strength: _____ mg.

Number of tablets taken per day: _____ tablets

Remember to bring this completed questionnaire to your examination.