# HIDA SCAN QUESTIONNAIRE

Patient's Name (print): ______________________
Signature: ______________________
Date: ____________ Time: ____________

Name of Technologist (print): ______________________
Signature: ______________________
Date: ____________ Time: ____________

Name of RN (print): ______________________
Signature: ______________________
Date: ____________ Time: ____________

**For Technologist's use:**

<table>
<thead>
<tr>
<th>Dose label for isotope</th>
<th>Dose label for CCK</th>
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If CCK (Cholecystokinin) was administered, were symptoms reproduced?  □ Yes □ No

Describe symptoms: ____________________________________________________________

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Name: ______________________

1. Do you have any pain in your body?  □ Yes □ No

2. If the answer is yes, then please answer a through d below:
   a. Is the pain in the abdomen?  □ Yes □ No
   b. Is the pain worse after eating?  □ Yes □ No
   c. How long have you had the pain? ____________
   d. Describe the pain (sharp, dull, burning, etc) ____________

3. Have you had recent nausea or vomiting?  □ Yes □ No

4. Do you have gallstones?  □ Yes □ No

5. Have you had your gallbladder surgically removed?  □ Yes □ No

6. What time did you last eat or drink? ____________

7. Are you pregnant?  □ Yes □ No

8. Are you diabetic?  □ Yes □ No

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