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CHEST Interstitial and Diffuse Lung Disease Patient Questionnaire

1. How often do you cough?
(Do not include clearing your throat.)

- ☐ Not at all, or only rarely
- ☐ Occasionally, but not bothersome
- ☐ Most days
- ☐ Often or in severe attacks that interfere with activity

2. How long have you been coughing? ___ Months ____ Years ____ Not applicable

3. Do you cough at night? ☐ Yes ☐ No

If you cough at night, does it awaken you? ☐ Yes ☐ No

4. The cough produces: *(Check all that apply.)*

☐ No phlegm ☐ Phlegm ☐ Blood ☐ Don't cough

5. Check the single number that describes the point at which you become short of breath:

- ☐ 1. I am not troubled with breathlessness except with strenuous exercise.
- ☐ 2. I get short of breath when hurrying on level ground or walking up a slight hill.
- ☐ 3. I walk slower than people of my age because of breathlessness or I have to stop from breath when walking on my own pace.
- ☐ 4. I stop for breath after walking about 100 yards (90 meters) (or after a few minutes).
- ☐ 5. I am too breathless to leave the house or breathless on dressing or undressing.

6. When did your shortness of breath begin? __________________.

7. Has a doctor ever told you that you have:

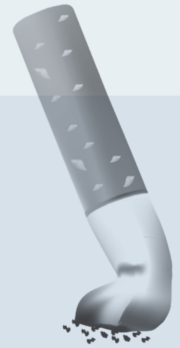
	YES	NO		YES	NO		YES	NO
Heart disease	☐	☐	Mononucleosis	☐	☐	Pneumonia	☐	☐
Thyroid disease	☐	☐	Hepatitis B or C	☐	☐	Asthma	☐	☐
Diabetes	☐	☐	Tuberculosis	☐	☐	Blood clots	☐	☐
Sinus disease	☐	☐	Kidney disease	☐	☐	Pulmonary hypertension	☐	☐
Stroke	☐	☐	Kidney stones	☐	☐	Heart failure	☐	☐
Seizure	☐	☐	Blood in urine	☐	☐	Fluid on the lungs	☐	☐
Eye inflammation	☐	☐	Pleurisy	☐	☐			

7a. Have you noticed any:

	YES	NO		YES	NO		YES	NO
Weight loss	☐	☐	Rash or change in skin	☐	☐	Hand ulcers	☐	☐
Difficulty swallowing	☐	☐	Foot or leg swelling	☐	☐	Mouth ulcers	☐	☐
Heartburn or reflux	☐	☐	Sensitivity to light	☐	☐	Chest pain	☐	☐
Dry eyes or dry mouth	☐	☐	Bruising	☐	☐	Joint pain or swelling	☐	☐

Read the CHEST Foundation Patient Education Disclosure at https://foundation.chestnet.org/patient-education-disclosure/

8. Have you ever smoked, inhaled, or injected "recreational" drugs? ☐ Yes ☐ No
(Include "street drugs" or crushed pills. Do not include prescribed inhalers.)



9. Have you smoked 100 cigarettes (5 packs) or more in your life? ☐ Yes ☐ No

If yes, Do you smoke now? ☐ Yes ☐ No

How old were you when you started? ________years old

Average number of cigarettes per day ________cigarettes

If you quit, How old were you when you quit? ________years old

10. Do any of your grandparents, parents, brothers, sisters, aunts, uncles, cousins, or children have any of the following lung diseases?

YES	NO	
☐	☐	Emphysema, Chronic Obstructive Pulmonary Disease (COPD)
☐	☐	Asthma
☐	☐	Sarcoidosis
☐	☐	Cystic fibrosis
☐	☐	Pulmonary fibrosis
☐	☐	Hypersensitivity pneumonitis

11. Have you lived in an old house within the past 10 years? ◯ Yes ◯ No

12. Does your current or past home or work place have any of the following?

YES	NO		YES	NO	
☐	☐	Humidifier	☐	☐	Mold
☐	☐	Sauna	☐	☐	Animals
☐	☐	Hot tub/Jacuzzi	☐	☐	Birds *(include pigeons, doves, parakeets, cockaties, chickens, ducks, geese, pheasants)*
☐	☐	Water damage			

13. Have you ever had a chest X-ray or CT scan of the chest ? ☐ Yes ☐ No

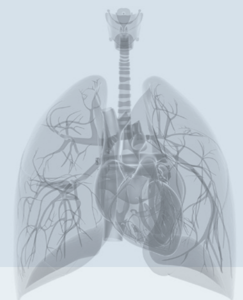
If yes, please indicate the earliest and most recent you can remember:

Earliest X-ray: Year_____ Where? ____________________

Most recent X-ray: Year_____ Where? ____________________

Earliest CT scan: Year_____ Where?____________________

Most recent CT scan: Year_____ Where?____________________



14. Where have you previously lived? *(Please list all locations where you lived for at least 6 months.)*

____

____

____

Outside this country? *(Please indicate which countries.)*

____

____

____

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15. Have you lived or worked in environment where you were exposed to heavy smoke or dust? ☐ Yes ☐ No

16. Occupational history: *Please include all occupations in your life.*

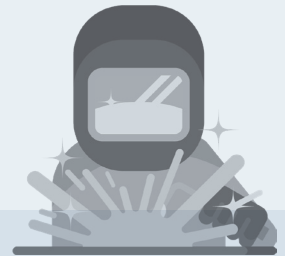
Occupation	Years worked	Exposures *(Dust, metal, paint, fine particles, etc)*
______________________	__________	____
______________________	__________	____
______________________	__________	____
______________________	__________	____

17. Have you ever performed any of the following occupations?

- ☐ Farm work
- ☐ Painter
- ☐ Sand blaster
- ☐ Pipe fitter
- ☐ Automotive mechanic
- ☐ Welder
- ☐ Insulator
- ☐ Vineyard worker
- ☐ Carpenter
- ☐ Laboratory worker
- ☐ Longshoreman

18. Have you ever worked in any of the following locations?

- ☐ Mine
- ☐ Quarry
- ☐ Pulp mill
- ☐ Bakery
- ☐ Foundry
- ☐ Railroad
- ☐ Paper mill
- ☐ Smelting
- ☐ Plastic factory
- ☐ Tunnel construction



19. Have you ever been exposed to the following at work/ home/ elsewhere?

Animals and farming
- ☐ Birds
- ☐ Feathers
- ☐ Fishmeal
- ☐ Insecticide
- ☐ Fertilizer

Metals/rocks
- ☐ Beryllium
- ☐ Cobalt
- ☐ Tin
- ☐ Iron oxide
- ☐ Aluminum
- ☐ Mica
- ☐ Silica
- ☐ Asbestos
- ☐ Coal

Food/ plant Production
- ☐ Cheese
- ☐ Maple Bark
- ☐ Wheat
- ☐ Coffee/ tea
- ☐ Mushroom
- ☐ Oil
- ☐ Sugar cane
- ☐ Malt
- ☐ Meat

Miscellaneous
- ☐ Cotton
- ☐ Wood
- ☐ Industrial strength cleaning solution
- ☐ Oily Nosedrops

Skilled
- ☐ Cork
- ☐ Detergent *(isocyanates)*
- ☐ Pottery
- ☐ Talc
- ☐ Paint
- ☐ Cement
- ☐ Pipes
- ☐ Brakes
- ☐ Tile *(ceramic)*

20. List any other unusual exposures that you feel might be related to your lung disease.

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21. Have you had any of the following medical problems?

- ☐ Pneumothorax *(collapsed lung)*
- ☐ Bleeding disorder
- ☐ Vasculitis *(inflammation of the blood vessels)*
- ☐ Raynaud's phenomenon *(fingers painful and turning colors on cold exposure)*
- ☐ Rheumatologic disease *(This includes rheumatoid arthritis, lupus, scleroderma, mixed connective tissue disease, Sjogren's Syndrome, Wegener's, Polymyositis or dermatomyositis, Bechet's disease, Ankylosing spondylitis.)*
- ☐ Bowel disease *(This includes Crohn's Disease, Ulcerative colitis, Primary biliary cirrhosis, celiac or Whipple's disease.)*

22. Medication history: Have you ever taken any of the following medications?

Anti-inflammatory medications:

- ☐ Azathiaprine *(Imuran)*
- ☐ Chlorambucil
- ☐ Colchicine
- ☐ Gold salts
- ☐ Interferon *(any)*
- ☐ Methotrexate
- ☐ Penicillamine
- ☐ Prednisone

Cancer therapy:

- ☐ Busulfan
- ☐ Bleomycin
- ☐ Cyclophosphamide
- ☐ Etoposide
- ☐ GMCSF
- ☐ Mitomycin
- ☐ Nilutamide
- ☐ Nitrosoureas
- ☐ Radiation
- ☐ Vinblastine

Miscellaneous medications:

- ☐ Fenfluramine/ dexfenfluramine
- ☐ Leukotriene inhibitor *(Singulaire, Accolate)*
- ☐ Propylthiouracil
- ☐ Bladder BCG

Antibiotics/ infection treatment:

- ☐ Cephalosporin
- ☐ Isoniazid *(INH)*
- ☐ Macrolide
- ☐ Minocycline
- ☐ Nitrofurantoin *(Macrodantin)*
- ☐ Penicillin
- ☐ Sulfonamides *(TMP-SMX)*

Cardiovascular medications:

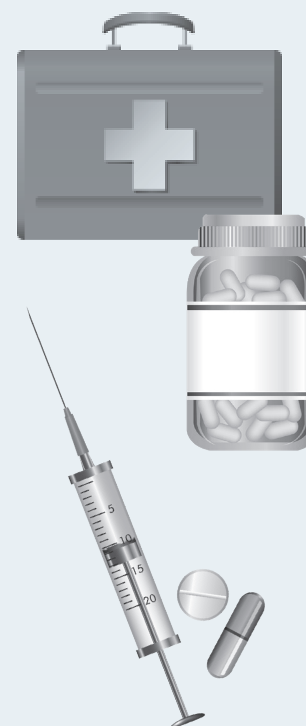
- ☐ Amiodarone *(Cordarone)*
- ☐ Captopril *(Capoten)*
- ☐ Hydralazine
- ☐ Hydrochlorothiazide
- ☐ Procainamide *(Procain SR)*
- ☐ Sotolol

Gastrointestinal medications:

- ☐ Azulfidine
- ☐ Sulfasalazine

Neurological medications:

- ☐ Bromocriptine
- ☐ Carbemazepine *(Tegretol)*
- ☐ L tryptophan
- ☐ Phenytoin *(Dilantin)*



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