ILD Patient Questionnaire

CHEST® FOUNDATION

Your Health

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

- ☐ Not at all, or only rarely
- ☐ Occasionally
- ☐ Most days
- ☐ Often or in severe attacks that interfere with activities

2. How long have you been coughing?

____ Months ____ Years ____ Not Applicable

3. The cough produces: *(check all that apply)*

- ☐ No phlegm
- ☐ Phlegm
- ☐ Blood
- ☐ I don't cough

4. Choose one that best describes when you become short of breath.

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

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

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

6. Have you been diagnosed with any of these conditions?

- ☐ Bleeding disorder
- ☐ Bowel disease (includes Crohn's disease, ulcerative colitis, primary biliary cirrhosis, celiac, or Whipple's disease)
- ☐ Raynaud's phenomenon (fingers painful and turning colors on cold exposure)
- ☐ Rheumatologic disease (includes rheumatoid arthritis, lupus, scleroderma, mixed connective tissue disease, Sjogren's syndrome, granulomatosis with polyangiitis [Wegener's], polymyositis or dermatomyositis, Behçet disease, ankylosing spondylitis)
- ☐ Vasculitis (inflammation of blood vessels)
- ☐ Collapsed lung (pneumothorax)

7. Have you ever had a chest x-ray or computed tomography (CT) scan of your chest? ☐ YES ☐ NO

8. **Have you noticed any of these symptoms?**

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

9a. 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 smoking? ______

If you quit, how old were you when you quit? ______

9b. Average number of cigarettes per day: ______

Travel

10. Where have you traveled in the past five years?

____

____

11. Have you lived outside the country? If so, where?

____

Family History

12. Does anyone in your family have a history of the following?

- ☐ Asthma
- ☐ Chronic obstructive pulmonary disease (COPD)
- ☐ Cystic fibrosis
- ☐ Hypersensitivity pneumonitis
- ☐ Pulmonary fibrosis
- ☐ Sarcoidosis
- ☐ Scarring of the liver (cirrhosis)
- ☐ Trouble making healthy blood cells (myelodysplastic syndrome)
- ☐ Unexplained low red blood cell count (anemia)

13. Did anyone in your family have their hair go gray early (in their teens or early twenties)? ☐ YES ☐ NO

Medications

Bring a list of medications you're taking or have taken in the past to your appointment.

14. Have you ever taken any of these medications?

Anti-inflammatory Medications
- ☐ Interferon *(any variety)*
- ☐ Methotrexate
- ☐ Prednisone
- ☐ Other: _______________

Cardiovascular
- ☐ Hydrochlorothiazide *(Ziac)*
- ☐ Sotalol *(Betapace)*
- ☐ Other: _______________

Cancer Therapies
- ☐ Busulfan *(Myleran)*
- ☐ Cyclophosphamide
- ☐ Radiation
- ☐ Other: _______________

Neurological
- ☐ Bromocriptine
- ☐ Carbamazepine *(Tegretol)*
- ☐ Other: _______________

Antibiotics/Infection Treatment
- ☐ Cephalosporin
- ☐ Penicillin
- ☐ Other: _______________

Gastrointestinal
- ☐ Sulfasalazine *(Azulfidine)*
- ☐ Other: _______________

Miscellaneous
- ☐ Bladder bacillus Calmette-Guerin (BCG)
- ☐ Fenfluramine/dexfenfluramine
- ☐ Other: _______________

Home and Work

15a. Does your current or past home have any of the following?
- ☐ Hot tub/Jacuzzi
- ☐ Humidifier
- ☐ Mold
- ☐ Sauna
- ☐ Water damage

15b. What pets do you have?
- ☐ Cats
- ☐ Dogs
- ☐ Other
- ☐ Birds *(includes pigeons, doves, parakeets, cockatiels, chickens, ducks, geese, pheasants)*

____

16. Have you been worried about anything you were exposed to at a job?

____

____

17. List all of your current and past jobs:

Job	Years Worked

18. Have you ever had any of these jobs?
- ☐ Automotive mechanic
- ☐ Carpenter
- ☐ Farm worker
- ☐ Insulator
- ☐ Laboratory worker
- ☐ Longshoreman
- ☐ Painter
- ☐ Pipe fitter
- ☐ Sand blaster
- ☐ Vineyard worker
- ☐ Welder

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

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

20. Have you ever been exposed to the following at work, home, or somewhere else?

Animals & Farming	YES	NO
Birds	☐	☐
Feathers	☐	☐
Fertilizer	☐	☐
Fishmeal	☐	☐
Insecticide	☐	☐

Metal/Rocks	YES	NO
Aluminum	☐	☐
Asbestos *(powdered or in the air)*	☐	☐
Beryllium	☐	☐
Coal	☐	☐

Metal/Rocks	YES	NO
Cobalt	☐	☐
Iron oxide	☐	☐
Mica	☐	☐
Tin	☐	☐
Silica	☐	☐

Food/Plant Production	YES	NO
Bark	☐	☐
Cheese	☐	☐
Coffee/tea	☐	☐
Maple	☐	☐
Malt	☐	☐
Meat	☐	☐
Mushrooms	☐	☐
Oil	☐	☐
Sugar cane	☐	☐
Wheat	☐	☐

Miscellaneous	YES	NO
Cotton	☐	☐
Down or feathers *in pillows, comforters, cushions, or jackets*	☐	☐
Industrial-strength cleaning solution	☐	☐
Oily nose drops	☐	☐
Water damage in your house or basement	☐	☐
Wood	☐	☐

Skilled	YES	NO
Brakes	☐	☐
Cement	☐	☐
Detergent *(isocyanates)*	☐	☐
Paint	☐	☐
Pipes	☐	☐
Pottery	☐	☐
Talc	☐	☐
Tile *(ceramic)*	☐	☐

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