Interstitial Lung Disease Initial Questionnaire

Name:____

Medical Record Number:_________________________________

Symptoms			
COUGH	**Yes**	**No**	**Comments**
Do you cough?	☐	☐	
Do you bring up sputum when you cough?	☐	☐	
Do you cough up blood?	☐	☐	
If you do cough, when did it start?			
If you cough, is it getting worse?			
WHEEZING	**Yes**	**No**	**Comments**
Do you wheeze?	☐	☐	
If yes, do you wheeze more in bed?	☐	☐	
Did you have asthma as a child or teenager?	☐	☐	
SHORTNESS OF BREATH	**Yes**	**No**	**Comments**
Are you short of breath at rest?	☐	☐	
Are you short of breath when walking a slow pace on level ground?	☐	☐	
Are you short of breath with exercise?	☐	☐	
If you are short of breath, when did it the shortness of breath start?			
Did your shortness of breath start suddenly or gradually?			

Is your shortness of breath getting better, worse or staying the same?	
Do you have sudden attacks of shortness of breath?	

Family History

	Yes	No	Comments
Has anyone else in the family had lung fibrosis, interstitial lung disease or lung scarring?	☐	☐	
Has anyone in the family had Lupus, Rheumatoid Arthritis, Sarcoidosis or Scleroderma?	☐	☐	

Medication History

Please respond "yes" if you have even taken the listed medication	Yes	No	Comments
Amiodarone (Cordarone©)	☐	☐	
Nitrofurantoin (Macrodantin, Macrobid©)	☐	☐	
Bleomycin (Blenoxane©)	☐	☐	
Chemotherapy for cancer	☐	☐	
Radiation therapy for cancer	☐	☐	
Methotrexate (Folex©)	☐	☐	
Gold Salts	☐	☐	
Penicillamine (Depen, Cuprimine©)	☐	☐	

Job History

If you have ever worked or had a hobby doing these jobs, please mark "yes".	**Yes**	**No**	**Comments**
Steel Worker	☐	☐	
Painter/Spray Painter	☐	☐	
Pottery Worker	☐	☐	
Paper Worker	☐	☐	
Veterinarian	☐	☐	
Pipe Worker or Plumber	☐	☐	
Farmer	☐	☐	
Sandblaster	☐	☐	
Talc Worker	☐	☐	
Miner	☐	☐	
Flock Worker	☐	☐	
Textile Worker	☐	☐	
Railroad Worker	☐	☐	
Longshoreman	☐	☐	
Shipyard Worker	☐	☐	
Plastic Worker	☐	☐	
Insulation Worker	☐	☐	
Demolition Worker	☐	☐	
Construction Worker	☐	☐	
Cement Worker	☐	☐	
Beryllium Worker	☐	☐	
Housecleaner	☐	☐	
Carpentry/ Woodworking Hobby	☐	☐	
Firefighter	☐	☐	
Automotive Worker	☐	☐	

Mechanic	☐	☐	
Worked with Asbestos	☐	☐	

Environmental History			
Home Assessment	**Yes**	**No**	**Comments**
Does the home smell musty?	☐	☐	
Has there been a history of flooding?	☐	☐	
Is there water damage to the walls or ceiling?	☐	☐	
Do you have carpeting? If yes, How old is it _________	☐	☐	
Do you have birds indoors? If yes, what kind of bird? ________________	☐	☐	
Are there birds roosting on your property?	☐	☐	
Any other bird exposure through sports or hobbies?	☐	☐	
Do you have other kinds of pets?	☐	☐	
Are there a lot of indoor plants in your home?	☐	☐	
Do you have an evaporative cooler, also known as a swamp cooler?	☐	☐	
Do you use a humidifier or dehumidifier?	☐	☐	
Do you use a vaporizer?	☐	☐	
Is there an indoor water element in your home (pond, fountain, etc)?	☐	☐	
Do you have an indoor hot tub or sauna?	☐	☐	
Do you have an outdoor hot tub or sauna?	☐	☐	
Does your house have a water collection system such as a cistern?	☐	☐	
If you have central heat or air, is there mold on the filters?	☐	☐	

Do you have a wood burning stove? If yes, how often do you use it? __________	☐	☐	
Do you have a musty smelling dishwasher?	☐	☐	
Does your washing machine smell musty?	☐	☐	
Is there mold in the bathroom (check walls, ceiling, showers/tubs and shower curtains)	☐	☐	
Do you own any down containing clothes, comforters, pillows or furniture?	☐	☐	
Do you use a Sleep Number Bed or waterbed?	☐	☐	
Is there evidence of mold on clothes or shoes in the closets? (look for a fine white or black dust covering these items)	☐	☐	
Are any rooms in the house below ground?	☐	☐	
If you have a basement, has it ever flooded?	☐	☐	
Do you have a compost pile on your property?	☐	☐	
Do you work with potting soil or compost regularly?	☐	☐	
Have you been exposed to moldy hay or grains?	☐	☐	
Do you have any craft hobby where you work with glue or paint?	☐	☐	