

# MINOR & JAMES MEDICAL



## CT Lung Screening Questionnaire

Patient : \_\_\_\_\_ MRN : \_\_\_\_\_ Date : \_\_\_\_\_

1. Reason for Exam: \_\_\_\_\_

2. Currently Smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

3. If not currently smoking, when did patient quit? \_\_\_\_\_

4. Age when first started smoking? \_\_\_\_\_

5. When patient was smoking, what was the average daily cigarette consumption? \_\_\_\_\_

6. What is the total number of years the patient has actively smoked? \_\_\_\_\_

7. Has patient been exposed to significant second-hand smoke in his/her workplace or social settings?  
Yes \_\_\_\_\_ No \_\_\_\_\_

8. Has patient ever worked with asbestos ? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Has patient ever worked in shipyard or with pipe installation ? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Has patient ever worked with heavy metals such as lead, arsenic or mercury? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has patient ever worked in a mine ? Yes \_\_\_\_\_ No \_\_\_\_\_

12. Has patient had significant exposure to radon gas? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Does patient have a past history of cancer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enter comments: \_\_\_\_\_

14. Respiratory Symptoms? \_\_\_\_\_

15. Has patient ever been told that she/he had an abnormal chest x-ray ? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what was the diagnosis? \_\_\_\_\_

- Tuberculosis
- Bronchitis
- COPD
- Pneumonia
- Emphysema
- Don't Know

Other : \_\_\_\_\_

16. Does patient have a history of asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Does patient have a history of chronic or frequent bronchitis? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Has patient had fungal infection of the lungs? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Has patient ever been diagnosed with emphysema? Yes \_\_\_\_\_ No \_\_\_\_\_

20. Family history of lung cancer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who : \_\_\_\_\_

21. Occupation : \_\_\_\_\_

22. Gender : Male \_\_\_\_\_ Female \_\_\_\_\_

23. Age : \_\_\_\_\_