

LUNG CANCER SCREENING QUESTIONNAIRE

Date: _____

Patient Name: _____ DOB: _____

CARE TEAM

Primary Care _____

Pulmonologist _____

Cardiologist _____

Referring Provider _____

How did you hear about the High Risk Thoracic Clinic / Lung Cancer Screening Clinic?

Please list any **Allergies** and reactions: _____

Please list any **Medications** you are currently taking:

SMOKING HISTORY

Please circle one: Current Smoker / Past Smoker / Never Smoker

What type of tobacco do or did you use? (circle) Cigarettes / Cigars / Pipes / Electronic Cigarettes / Other

Amount smoked per day? _____ Start date: _____ Quit date: _____

Would you like to be contacted about smoking cessation services? (circle) YES/NO

If you currently smoke:

Are you planning to quit? (circle)

Yes / No

How important is it for you to quit smoking for good? (circle)

Very / Somewhat / Not important

How determined are you that you can quit smoking for good? (circle)

Very / Somewhat / Not confident

Prior Lung Cancer Screening

Have you had any prior lung cancer screening? (circle) YES / NO If yes, Where and when?

MEDICAL HISTORY

YES	NO	Do you have a history of:	Dates & Details
		Cancer	
		Asthma	
		Emphysema or COPD	
		Pulmonary Fibrosis	
		Radiation to Chest	
		Tuberculosis	
		High Blood Pressure	
		High Cholesterol	
		Diabetes	
		Heart Attack, Angioplasty, Heart Stent or Heart Surgery?	
		Have you had exposure to:	
		Asbestos	
		Dust	
		Radon	
		Secondhand smoke	
		Other cancer causing substance?	

Have you worked in any of these industries: auto repair, chemical, foundry, refinery, building maintenance, mining, construction, demolition, nuclear power, asbestos product manufacturing, or ship construction/repair? (circle) YES / NO

PAST SURGICAL HISTORY

Please list any neck, back, abdominal or chest surgeries:

FAMILY HISTORY OF CANCER

Family Member	Age when diagnosed	Type of Cancer

PULMONARY SYMPTOMS

YES	NO	Symptom	Details
		Unexplained weight loss?	
		New or chronic cough	
		Fevers	
		Fatigue	
		Shortness of breath	
		Coughing up sputum / phlegm or blood	
		Wheezing	
		Chest pain	

