



CT Lung Patient Risk Questionnaire

Smoking History:

- 1. Have you ever smoked or used tobacco?
- Yes. Specify length of use: _____
- No. Please skip to next section.
2. I use/used the following. Check all that apply and specify how much used daily.
- Cigarettes. Number of packs per day: _____
- Cigars. Number per day: _____
- Pipe. Number per day: _____
- Chewing tobacco. Amount per day: _____
3. Have you quit smoking or using tobacco?
- Yes. Date quit: _____
- No.

Environmental Risks:

- 1. Have you been exposed to extensive second hand smoke? (E.g. living with or working around people who smoke)
- Yes.
- No.
2. Have you been exposed to asbestos (as far as you know)?
- Yes.
- No.
3. Have you been exposed to radon (as far as you know)?
- Yes.
- No.

Family History:

- 1. Has anyone in your family been diagnosed with lung cancer?
- Yes. Specify the family member's relationship with you. _____
- No.

Personal Health History:

- 1. Have you been diagnosed with a chronic lung condition (for example: COPD, Emphysema, Asthma)?
- Yes. Specify the chronic lung condition: _____
- No.
2. Have you ever been diagnosed with cancer?
- Yes. Specify the type of cancer and age when diagnosed with cancer: _____
- No.

Additional Information:

Would you like to receive information about the risk factors for lung cancer or about quitting smoking?
- Yes. Information will be sent to you via mail from the lung screening officer.
- No.

Patient Measurements:

Height: _____ Weight: _____

Patient signature: _____ Date: ___ / ___ / ___ Time: _____

Technologist signature: _____ Date: ___ / ___ / ___ Time: _____