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: _______

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