

University of Maryland, Division of Pulmonary and Critical Care Medicine
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Interstitial Lung Disease Questionnaire

Name: _____

Place of Birth: _____

A. MEDICATIONS

Please write a list of your current prescription medications:

Supplements and herbal medications:

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B. PAST MEDICATIONS AND THERAPIES

Some medications and therapies are associated with lung disease. If you are taking or have ever taken the listed medication, **PLEASE CIRCLE.**

Antibiotics:	nitrofurantoin (macrodantin, macrobid)
Heart or blood pressure:	amiodarone, hydralazine
Cancer medications or chemotherapy:	yes / no
Radiation therapy:	yes / no
Weight loss medications:	aminorex, fenfluramine/dexfenfluramine (fen-phen, pondimin)
Injectable biologic drugs:	asthma drugs, arthritis drugs, infliximab, adalimumab, etanercept
Hepatitis medications:	interferon-alpha, harvoni
Anti-Inflammatory:	cyclophosphamide, interferon-beta, leflunomide

Please write in any other medications you have taken in the past that you may think are relevant:

C. PAST MEDICAL HISTORY

Some medical conditions are associated with lung disease. Please check that apply:

- Autoimmune disease (connective tissue disease): Yes No
(e.g. rheumatoid arthritis, lupus, scleroderma, sjogren's syndrome, vasculitis, myositis)
- Inflammatory bowel disease: Yes No
(e.g. crohn's disease, ulcerative colitis)
- Liver disease: (hepatitis B or C, biliary disease) Yes No
- Raynaud's disease: Yes No
(pain or color change of fingers with cold temperatures)
- Acid reflux (GERD) Yes No
- Cancer or malignancy: Yes No
- Covid infection: Yes No
- HIV infection: Yes No
- Premature birth: Yes No
(requiring neonatal ICU care)
- Asthma or COPD: Yes No
- High blood pressure: Yes No
- Diabetes: Yes No
- Heart disease: Yes No
- Sleep apnea: Yes No
- Use a CPAP machine: Yes No
- Seasonal allergies or hay fever: Yes No
- Prior lung surgery: Yes No
- How often do you consume alcoholic beverages:
 rarely or never once per week few times per week daily or mostly daily
- In which position do you generally sleep:
 right side left side on your back on your stomach
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D. SUBSTANCE USE

Some current or past substance use may play a role in the development of lung disease.

- Have you ever smoked or do you currently smoke cigarettes? Yes No
If former smoker, what was your quit date? _____
If smoker or former smoker, how many cigarettes smoked per day, on average?
 < one-half pack one-half pack 1 pack 1-2 packs 2-3 packs

Do any of the following apply to you, either at present or in the past:

- Smoke cigars or pipes: Yes No
- Smoke hookah or beedi? Yes No
- Use vaping devices (electronic cigarettes): Yes No
- Smoke marijuana or synthetic marijuana (K2): Yes No
- Smoke or snort heroin: Yes No
- Smoke or snort cocaine: Yes No
- Intravenous (IV) drug use of any substance: Yes No
(heroin, cocaine, crushed tablets):
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E. HOBBIES

Certain hobbies may in some instances contribute to the development of lung disease.

Do any of the following apply to you, either at present or in the past:

- Participate regularly in wellness or health activities that involve water: Yes No
(spas, hydrotherapy pools, hot tubs, saunas, hot springs, steam, water yoga)
- Regularly visit or spend time in recreational places where concern for mold or flooding: Yes No
- Play wind musical instruments (e.g. flute, saxophone, clarinet, bagpipes): Yes No
- Engage in hunting (e.g. birds, ducks, geese, deer, other animals): Yes No
- Hobbies that involve animals (e.g. taxidermy, raising animals): Yes No
- Engage in carpentry or woodworking: Yes No
- Engage in pottery or ceramics: Yes No
- Have any pets: Yes No

If yes, please list: _____

Please any other hobbies that you have:

F. FAMILY HISTORY

Some lung diseases may occur in families and be hereditary.

- Do you have a family history of pulmonary fibrosis (lung scarring) or interstitial lung disease (ILD): Yes No
- Do you have family history of autoimmune disease (rheumatoid arthritis, lupus, scleroderma): Yes No
- Do you or your family have premature greying of the hair? (probably 30 years old or younger): Yes No
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G. MILITARY SERVICE

Military exposures may be associated in some instances with development of lung disease.

- Do you or did you serve in the military: Yes No
- If yes, did you serve in active duty: Yes No
- If yes, did you serve overseas: Yes No
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H. BIRDS / AVIANS

Exposure to birds, bird excretions, or bird proteins may contribute to the development of lung disease.

Do any of the following apply to you, either at present or in the past:

- Have indoor birds living in your home? Yes No
(doves, parakeets, cockatiels, parrots)
- Involved in raising, attracting, or breeding birds: Yes No
(pigeons, doves, parakeets, cockatiels, parrots)
- Have chicken coop on your property: Yes No
- Attract birds (feeding, clean bird feeders): Yes No
- Regularly visit places with birds, nests, chicken coops: Yes No
- Do you hunt birds, or clean birds/feathers: Yes No
- Have feather containing products within the home: Yes No
(feather-filled furniture, pillows, comforters)
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I. HOUSEHOLD CHARACTERISTICS

Water intrusion and mold/mildew infestation in the house may contribute to the development of lung disease.

Do you believe your breathing problems may be related to present or past exposures in your home: Yes No

Approximate year your home/residence was built? _____ How long have you lived there? _____

Do you live in a mobile home? Yes No

Do you have a basement or crawlspace: Yes No

Do you live near a large body of water: Yes No

Do any of the following apply to your home situation, either at present or in the past:

Visible mold in your home (walls, ceilings, clothes, plants, basement, crawlspace): Yes No

Musty odor in your home or basement: Yes No

Water damage or wet spots to floors, walls, ceilings, closets, basement, crawlspace: Yes No

Water intrusion or flooding into the home, basement, or crawlspace: Yes No

Leaky roof or leaky appliances (dishwasher, washing machine): Yes No

Wet or moldy carpet in home or basement: Yes No

Had your home repaired or remediated due to water damage or mold presence: Yes No

Have an indoor or outdoor hot tub, waterbed, or steam sauna: Yes No

Built-in humidifier in your central heating/cooling system: Yes No

Have a humidifier, vaporizer, indoor fountain/mist generator: Yes No

Have a swamp cooler (evaporative cooler) for temperature regulation: Yes No

Fumes or aerosols or gases in the house may contribute to the development of lung disease

Do any of the following apply to your home situation, either at present or in the past:

Exposure to indoor wood, coal, or charcoal fire as primary method for cooking: Yes No

Exposure to indoor wood, coal, or charcoal fire as primary method to heat the home: Yes No

Recreational wood-burning or coal-burning fireplace: Yes No

Use a kerosene or propane space heater indoors: Yes No

Use a pellet stove: Yes No

Burn incense or wax melts: Yes No

Use electronic fragrance devices (diffusers, plug-ins): Yes No

Use scented candles: Yes No

Inhale fumes from microwaved popcorn: Yes No

Farming exposures in some instances may contribute to lung disease.

Do any of the following apply to your home situation, either at present or in the past:

Live or work on a farm for an extended period of time: Yes No

Work with farm animals, such as horses, cattle, or other livestock: Yes No

Have built-in animal cages at home: Yes No

I. OCCUPATIONAL HISTORY

Some occupational and workplace exposures may in some instances be associated with lung disease.

Please write down briefly your past occupational and employment history (jobs you have worked in the past):

Do you believe your breathing problems may be related to exposures in your current job or past job: Yes No

Did you have any exposure to the World Trade Center attack (9/11) in New York City in 2001: Yes No
(first responder, office worker, geographically nearby)

Do any of the following apply to your occupation, either at present or in the past:

Worked in a job where there was concern for respiratory illness: Yes No

Worked in a job where you had to wear respiratory protective gear: Yes No

Worked in an occupation with significant exposure to any type of dust:
(wood dust, metal dust, or paper dust) Yes No

Exposed to chemicals or gas fumes in your workplace: Yes No

Workplace with concerns or previously repaired for mold or water damage: Yes No

Concern for **asbestos** exposure (plumber, insulation, railroad worker, auto mechanic, longshoreman, sheet metal): Yes No

Concern for **silica** exposure (sandblasting, foundry/quarry, cement, mica, talc, bricks): Yes No

Concern for **beryllium** exposure (aerospace, defense industry, nuclear facility, lighting, golf club manufacturing): Yes No

Concern for **cobalt or tungsten exposure** (machinist, metal worker, work with metal working fluids, jeweler): Yes No

Have ever worked in any of the following occupations, or had related exposures:

Aluminum/Tin: Yes No

Baker/Bakery: Yes No

Coal miner: Yes No

Cotton mill: Yes No

Carpenter, woodworker, sawmill: Yes No

Dentist/dental technician: Yes No

Domestic or commercial cleaning: Yes No

Flavoring company (popcorn): Yes No

Iron worker: Yes No

Laboratory worker: Yes No

Nylon worker: Yes No

Painting/Spray Painting: Yes No

Paper products or mill/Pulp mill: Yes No

Plastic worker/Plastics: Yes No

Textiles (cloth, padding, curtains): Yes No

Welder (arc or zinc oxide): Yes No

THANK YOU FOR YOUR TIME. THIS INFORMATION IS VERY HELPFUL TO YOUR PULMONARY PHYSICIANS.
