



Low-Dose Lung Screening Patient Risk Questionnaire

Smoking History:

1. Have you ever smoked or used tobacco?
Yes. Specify length of use: _____
No. Please skip to the 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: _____
Electronic cigarettes
3. Have you quit smoking or using tobacco products?
Yes. Date quit: _____
No.

Environmental Risks:

1. Have you been exposed to extensive second hand smoke? (Living with or working around people who smoke)
Yes.
No.
2. As far as you know, have you been exposed to any of the following: (Check all that apply)
Silica Chromium Arsenic Coal Smoke
Beryllium Asbestos Nickel
Cadmium Diesel Fumes Soot
3. As far as you know, have you ever been exposed to radon?
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:

- Have you received information about the risk factors for lung cancer or about quitting smoking?
Yes.
No.

Patient Measurements:

Height: _____ Weight: _____

Patient Signature

Date

Physician / Nurse Signature

Date