

**LUNG CANCER EARLY DETECTION AND PREVENTION CLINIC
PATIENT QUESTIONNAIRE**

Legal Name: _____ Your Preferred Name: _____

Personal Medical History

Have you ever been diagnosed with any of the following conditions (check all that apply):

- ☐ Asthma
- ☐ Chronic Bronchitis
- ☐ Valley Fever
- ☐ Histoplasmosis infection
- ☐ Positive PPD or Tuberculosis Infection
- ☐ Coronary Artery Disease
- ☐ COPD
- ☐ Emphysema
- ☐ Pulmonary fibrosis
- ☐ Sleep apnea
- ☐ Pulmonary hypertension
- ☐ Interstitial Lung Disease (ILD)
- ☐ GERD
- ☐ HIV infection
- ☐ Heart failure

Have you ever been diagnosed with any form of cancer? ☐ Yes ☐ No

If yes, what form? _____

Occupational Exposure History

Have you ever been or are you currently exposed to the following?

- ☐ Metals
- ☐ Dust or fibers
- ☐ Chemicals fumes
- ☐ Gas
- ☐ Radiation
- ☐ Biologic agents

If yes, please specify:

Job title / Industry: _____

Number of years exposed: _____

Exposure type (dust, fumes): _____

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Have you ever been exposed to dust in the workplace? ☐ Yes ☐ No

- If yes, specify:

Job title / Industry: _____

Number of years exposed? _____

- My exposure was:

- ☐ Mild
☐ Moderate
☐ Severe

Have you ever been exposed to gas or chemical fumes in the workplace? ☐ Yes ☐ No

- If yes, specify job/industry: _____

- If yes, how many years? _____

- My exposure was:

- ☐ Mild
☐ Moderate
☐ Severe

Have you ever worked with or had prolonged exposure to (check each that applies to you): ☐ aluminum,
☐ aromatic amines, ☐ arsenic, ☐ asbestos, ☐ beryllium, ☐ cadmium, ☐ coke production, ☐ iron and steel founding,
☐ radon, ☐ rubber, and or ☐ silica?

- ☐ Yes
☐ No

- If yes, specify job/industry: _____

- If yes, how many years? _____

Tobacco and other Exposure History

Have you smoked cigarettes? ☐ Yes ☐ No

How would you describe your smoking history?

- ☐ Not even a puff in the last 6 months
☐ Current smoker

If you have stopped smoking cigarettes, at what age did you stop? _____

At what age did you become a regular (daily or almost daily) cigarette smoker? _____

How many years have you smoked cigarettes regularly (daily or almost daily)? _____

How many cigarettes on average do you (did you) smoke on a typical day? _____

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Have you ever smoked:

- Cigars? ☐ Yes ☐ No
- Pipe? ☐ Yes ☐ No
- Marijuana? ☐ Yes ☐ No
- Smokeless tobacco (dip, chew, spit, snuff, or other types)? ☐ Yes ☐ No
- Vape? ☐ Yes ☐ No
- E-cigarettes? ☐ Yes ☐ No

If yes to any of the above, please quantify how often or past amount of use:

Have you used any of the following drugs?

- ☐ Cocaine
- ☐ Crack Cocaine
- ☐ Heroin
- ☐ Other _____

Do you currently drink more than 2 alcoholic beverages per day or 14 per week?

- ☐ Yes
- ☐ No

Social History

In what areas of the United States have you lived?

Have you traveled outside of the United States? ☐ Yes ☐ No

If yes, where? _____

How would you describe your race? (select one)

- ☐ Black or African American
- ☐ Asian
- ☐ White
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian
- ☐ Pacific Islander

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How would you describe your ethnicity?

- ☐ Hispanic or Latino, Latina or Latinx
- ☐ Not Hispanic or Latino
- ☐ Other _____

What sex were you assigned at birth, on your original birth certificate? (select one)

- ☐ Female
- ☐ Male
- ☐ Don't know
- ☐ Prefer not to answer

What is your gender identity? (select one)

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Two-Spirit (if American Indian/Alaska Native)
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ I use a different term _____

Which of the following best represents how you think of yourself? (select one)

- ☐ Lesbian or gay
- ☐ Heterosexual
- ☐ Straight that is not gay or lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning / Unsure
- ☐ Two-Spirit (if American Indian/Alaska Native)
- ☐ Don't know
- ☐ Prefer not to answer
- ☐ I use a different term _____

What pronouns do you prefer that we use when talking about you? (check all that apply)

- ☐ She/her/hers
- ☐ He/him/his
- ☐ They/them/theirs
- ☐ Prefer not to answer
- ☐ I prefer other pronouns _____

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Family History

Do any of your immediate family members use tobacco (check all that apply):

- Mother ☐ Yes ☐ No
- Father ☐ Yes ☐ No
- Sibling/s ☐ Yes ☐ No
- Other family members living in the home ☐ Yes ☐ No

Have any of the above family members been diagnosed lung cancer? ☐ Yes ☐ No

- If so, who? _____

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