

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ (Certain ethnicities are at risk for IPF at younger age)

### LeBauer Pulmonary Integrated ILD Questionnaire

Chief Concern: \_\_\_\_\_

#### SYMPTOMS

##### SHORTNESS OF BREATH

1. How did your shortness of breath begin? Suddenly / Gradually
2. Since your shortness of breath started, it is: Better / Worse / The Same
3. How long have you had shortness of breath? \_\_\_\_\_ Years vs Months
4. Do you have repeated sudden attacks of shortness of breath? YES / NO
5. Do you have difficulty keeping up with others of your age - YES/NO: \_\_\_\_\_
6. Is your activity limited by any condition other than your heart or lung disease (such as weight, cancer, or joints) ? YES / NO If yes, describe \_\_\_\_\_

##### Severity Scale Shortness of breath

\_\_\_\_\_ For each activity listed below, please estimate your breathlessness and other symptoms on a scale of 0 to 5, where 0 is not breathless at all and 5 is maximally breathless. If you feel you are too short of breath beyond 5 then check the far right box. **In last 2 weeks, how short of breath do you get while:**

Shortness of Breath Score	0 -> 5 scale with 5 being worst	If you feel too winded to even attempt - Check this box
At rest		
Simple tasks - shower, clothes change, eating, shaving		
Household Work (dishes, doing bed, laundry, vacuum etc. ) work		

Shopping		
Walking - level at own pace		
Walking up Stairs		
<b>TOTAL</b>		

## ASSOCIATED SYMPTOMS

### COUGH

7. Do you cough (do not include clearing your throat)? YES / NO

If YES:

A. When did the cough start? _____ (mm, yyyy if you can recall)		
B. Since your cough began, it is: Better / Worse / The Same		
C. Any wheezing with cough	YES	NO
D. Do you cough at night?	YES	NO
E. Do you bring up phlegm?	YES	NO
F. What color is your phlegm ? _____		
G. Do you bring up blood or have you ever coughed blood?	YES	NO
H. Is your cough worse when you lie down?	YES	NO
K. Does your coughing problem affect your voice?	YES	NO
M. Do you clear your throat ?	YES	NO
N. Do you feel a tickle in back of throat	YES	NO

### Other Symptom severity Scale

Please list other symptom severity in the last 2 weeks. 0 means not a problem. 5 means maximum problem

How bad is your cough?	
How bad is your fatigue?	
How bad is your appetite?	
How bad is your nausea?	
How bad is your vomiting?	
How bad is your diarrhea?	
How bad is your anxiety?	
How bad is your depression?	
Do you have chronic pain? If so, how bad is it?	

ANY OTHER SYMPTOMS - IF APPLICABLE

Onset of Symptom (When did it first begin?): \_\_\_\_\_

Quality of Symptom (Eg. Aching, burning, tightness): \_\_\_\_\_

Severity of Symptom (On a scale from 0-10 with 10 being the most severe): \_\_\_\_\_

Timing (Occur at certain times of the day?): \_\_\_\_\_

Alleviating Factors (What makes it better?): \_\_\_\_\_

Aggravating Factors (What makes it worse?): \_\_\_\_\_

Associated Symptoms: \_\_\_\_\_

**PAST MEDICAL HISTORY**

9. The following questions ask about other medical conditions you may have. If you have been told you have the following conditions, answer YES and give the year diagnosed.

A. Asthma	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
B. COPD (includes emphysema)	YES	NO	Few Days / Several Days /	Relevant Comments:

and chronic bronchitis)			Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	_____ _____ _____
C. Heart Failure	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
D. Rheumatoid Arthritis	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
E. Scleroderma, systemic sclerosis, or CREST syndrome	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
F. Systemic Lupus Erythematosus	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
G. Polymyositis or Dermatomyositis	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
H. Sjogren's Syndrome	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
I. GERD or hiatal hernia	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
J. Obstructive sleep apnea	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years /	Relevant Comments: _____ _____ _____

			Few Decades / Several Decades	_____
K. Immune system disorder eg: HIV	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
L. Pulmonary hypertension	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
M. Diabetes	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
N. Thyroid Disease	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
O. Stroke	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
P. Seizures	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Q. Mononucleosis	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
R. Hepatitis B or C	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
S. Tuberculosis	YES	NO	Few Days / Several Days /	Relevant Comments: _____

			Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	_____ _____ _____
T. Kidney Disease	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
U. Pneumonia	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
V. Blood clots	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
W. Heart Disease	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
X. Pleurisy	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____

**COVID special history:**

Did you have Covid Vaccine	YES	NO	Give Details: _____
Did you ever have COVID disease	YES	NO	If Yes, When:
Where you hospitalized	YES	NO	If Yes, When and details:

with COVID			
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Please list any other medical problems:

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**“REVIEW OF SYSTEMS”**

10. Do you have any of the following conditions? If so, answer “YES,” how long you have experienced the condition, and include any relevant comments.

Fatigue:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Joint stiffness, pain, or swelling:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Difficulty swallowing or food getting stuck in your throat:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Persistently dry eyes or mouth:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Pain or color change (white red) in fingers with cold weather:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Recurrent fever:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks /	Relevant Comments: _____

			Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	_____ _____ _____
Weight loss: If Yes, amount _____ lbs	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Nausea:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Vomiting:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Heartburn, reflux, or sour taste in mouth after eating:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Snoring, morning headaches, or excessive daytime sleepiness	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Rash:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____
Ulcers in the mouth or vagina:	YES	NO	Few Days / Several Days / Few Weeks / Several Weeks / Few Months / Several Months / Few Years / Several Years / Few Decades / Several Decades	Relevant Comments: _____ _____ _____



## FAMILY HISTORY

11. Does anyone in your family have a history of the following diseases:

A. Pulmonary Fibrosis (lung scarring)	YES	NO	Who: _____
B. COPD (includes emphysema and chronic bronchitis)	YES	NO	Who: _____
C. Asthma	YES	NO	Who: _____
D. Sarcoidosis	YES	NO	Who: _____
E. Cystic Fibrosis	YES	NO	Who: _____
F. Hypersensitivity pneumonitis	YES	NO	Who: _____
G. An autoimmune disease (such as lupus or scleroderma)	YES	NO	Who: _____
H. Premature greying of hair or Dyskeratosis Congenita	YES	NO	Who: _____
I. Hermansky Pudlak Syndrome (albino)	YES	NO	Who: _____

## EXPOSURE HISTORY

### TOBACCO

12. Have you ever smoked cigarettes? - YES / NO

If YES: A. Do you smoke cigarettes now? YES / NO

B. What year did you start smoking? \_\_\_\_\_

C. What year did you stop smoking? \_\_\_\_\_ (if you still smoke, put NA)

D. On average, how many cigarettes do/did you smoke per day? \_\_\_\_\_

13. Have you ever lived in the same house with someone who smoked regularly for at least one year?

YES / NO

14. Have you ever smoked one or more cigars a week for a year? If yes, list the number of years you have smoked cigars. YES / NO / No. of years: \_\_\_\_\_
15. Have you ever smoked a pipe (more than 12 oz tobacco in your life)? If yes, list the number of years you have smoked pipes. YES / NO / No. of years: \_\_\_\_\_
16. Do you vape or use electronic cigarettes - YES/NO. If YES, then
- Brand: \_\_\_\_\_
  - Black Market: \_\_\_\_\_
  - How many do you vape in a day ? \_\_\_\_\_

### NON-TOBACCO

17. Do you vape marijuana - YES/NO. If YES, then
- Brand: \_\_\_\_\_
  - Black Market: \_\_\_\_\_
  - How many do you vape in a day ? \_\_\_\_\_
18. Have you ever smoked marijuana? YES / NO
- If YES: A. Do you smoke marijuana now? YES / NO
- B. What year did you start smoking? \_\_\_\_\_
- C. What year did you stop smoking? \_\_\_\_\_ (if you still smoke, put NA)
- D. On average, how much marijuana do/did you smoke? \_\_\_\_\_
19. Have you ever used cocaine? YES / NO
- If YES: A. Do you use cocaine now? YES / NO
- B. What year did you start using cocaine? \_\_\_\_\_
- C. What year did you stop using cocaine? \_\_\_\_\_ (if you still use cocaine, put NA)
- D. On average, how much cocaine do/did you use? \_\_\_\_\_
20. Have you ever used intravenous drugs? YES / NO
- If YES: A. Do you use intravenous drugs now? YES / NO
- B. What year did you start using intravenous drugs? \_\_\_\_\_
- C. What year did you stop using intravenous drugs? \_\_\_\_\_ (if you still use intravenous drugs, put NA)
- D. On average, how much intravenous drugs do/did you use? \_\_\_\_\_

### **HOME & HOBBY DETAILS**

21. Type of home (i.e. single family home, apartment, mobile home, etc)? \_\_\_\_\_

22. What is the setting of your home? Urban / Suburban / Rural
23. How many years have you lived in your home? \_\_\_\_\_
24. Age of current home? \_\_\_\_\_ Year
25. Please give details of your prior home if you lived in another home within the last 10 years:  
\_\_\_\_\_
26. In Current or Prior Home: at any point in your life have you been exposed to the following. Even if brief we like to know
- a. Damp living environment NO / YES, If YES please detail: \_\_\_\_\_
  - b. Moldy or Mildew in shower curtain: NO/YES, If YES, please detail:  
\_\_\_\_\_
  - c. Does your bathroom or anywhere in your house have mold or mildew: NO/YES, If please detail: \_\_\_\_\_
  - d. Do you use a Humidifier: NO/YES, If Yes, did it have mold/mildew -> NO/YES
  - e. Do you use CPAP mask at night: NO/YES, If YES, did it have a water circuit -> NO/YES
  - f. Do you use Nebulizer machine: NO/YES, If YES, did it have mold/mildew contamination -> NO/YES
  - g. Do you use steam iron: NO/YES. If yes, did it ever have mold/mildew contamination
  - h. Do you have a jacuzzi or every use a jacuzzi at least once a month: NO/YES. If YES please details: \_\_\_\_\_
  - i. Is there or was there a misting fountain inside your home: NO/YES. If YES, please detail: \_\_\_\_\_
  - j. Do you have pet birds or parakeets inside your home or work? : NO/YES, If YES, please detail: \_\_\_\_\_
  - k. Do you have pet gerbils, hamsters, rabbits, rodents in the house: NO/YES, If YES, do you get exposed to their urine or feces and clean them ? Please detail:  
\_\_\_\_\_
  - l. Do you use feather pillows or duvets at home: NO/YES, If YES, please details:  
\_\_\_\_\_
  - m. Is there mold in your AC duct system: NO/YES, If YES, please detail:  
\_\_\_\_\_ & When was the last time you got your home mold tested:  
\_\_\_\_\_
  - n. Music Habits: do you play any wind instruments (eg: saxophones or trombones or trumpets) or do you have any at home: NO/YES. If YES, do you know if it has

mold/mildew in it -> NO/YES. If YES, please detail:

\_\_\_\_\_. When was the last time it was evaluated for mold? : \_\_\_\_\_

- o. Gardening Habits: Do you garden or work in a farm environment? NO/YES. If YES, do you work in a greenhouse or get exposed to compost, manure, damp soil, moldy hay, contaminated mushrooms, rotten wood, wood chips, mulch? If YES to any, please detail:

\_\_\_\_\_

- p. Have you been exposed to birds or feather/down-containing items? YES / NO

If YES, please give details about exposure: \_\_\_\_\_

- q. Have you had flood/water damage in your home or work environment? YES/ NO

If Yes, please give details about exposure: \_\_\_\_\_

- r. Have you had straw mats in your home or work environment? YES/NO

If YES, please give details about exposure: \_\_\_\_\_

- s. Do you frequently use a hot tub, jacuzzi, and sauna? YES/NO

If YES, please give details about exposure: \_\_\_\_\_

- t. During the three years prior to the onset of your respiratory symptoms, were you exposed to animals in your work? YES / NO

If YES, please give details about the exposure: \_\_\_\_\_

## OCCUPATIONAL HISTORY

24. What is your current occupation? \_\_\_\_\_

25. What were your former jobs in the last 30 years ?

\_\_\_\_\_

26. Have you ever worked in any of the following (122 items) occupations or locations? Have you ever had any of the following exposures? If so, answer YES.

### Organic

Damp air conditioned spaces	YES	NO	Staying in damp/moldy space	YES	NO
Misting fountain exposure	YES	NO	Flood/water damage	YES	NO
Greenhouse worker	YES	NO	Bath or pool attendant	YES	NO
Brass instrument	YES	NO	Sawmill worker	YES	NO
Footcare work	YES	NO	Wind instrument player	YES	NO

Warehouses	YES	NO	Feeding stores/factory	YES	NO
Gardener	YES	NO	Food production	YES	NO
Farmer esp working in Silo	YES	NO	Malt production or worker	YES	NO
Cheese production	YES	NO	Bakery worker	YES	NO
Wheat production	YES	NO	Cotton production	YES	NO
Coffee/tea production	YES	NO	Cork production	YES	NO
Mushroom production or growing or any mushroom exposure	YES	NO	Animal Trader	YES	NO
Lyophyllum	YES	NO	Paprika slicers	YES	NO
Tobacco Grower/Farming or Tobacco leaf work	YES	NO	Fruit grower or production including Citrus Fruits	YES	NO
Wine processing	YES	NO	Miller of grains	YES	NO
Onion, Potato and Corn sorting (esp any history of these being contaminated)	YES	NO	Flour production (OR) flour mite in the flour	YES	NO
Potato riddler	YES	NO	Seaweed worker	YES	NO
Veterinary doctors	YES	NO	Meat production	YES	NO
Animal breeder (including rodents like chinchilla)	YES	NO	Salami production	YES	NO
Furrier	YES	NO	Butcher	YES	NO
Bird fancier or racing or photographer	YES	NO	Feather picker	YES	NO
Miller of grains	YES	NO	Silkworm rearing	YES	NO
Bird/poultry breeder or operating bird coop (includes pigeon, parakeets, chickens, turkey. Ducks, geese and pheasants)	YES	NO	Paper product worker	YES	NO
Seller of birds	YES	NO	Garbage Collector	YES	NO

Feather jackets or duvets, jackets, down pillows or blanket use at home or production	YES	NO	Manufacture of the drink Horchata	YES	NO
Swimming or Bath pool attendant	YES	NO	Animal feed production	YES	NO
Fish trader	YES	NO	Fish feed production	YES	NO
Pest control work	YES	NO	Nacre processing	YES	NO
Rat handler	YES	NO	Oyster shell processing	YES	NO
Pituitary snuff taker	YES	NO	Conservationist	YES	NO
Peat worker	YES	NO	Pulp mill worker	YES	NO
Sewage work	YES	NO	Paper product worker	YES	NO
Woodwork	YES	NO	Carpenter	YES	NO
Deep construction work	YES	NO	Wood trimmers	YES	NO
Upholstery worker	YES	NO	Bagasse processing of sugarcane work	YES	NO
Steam ironer	YES	NO	Pottery worker	YES	NO
Granite/stone cutting	YES	NO	Rock miner	YES	NO
Sandblaster	YES	NO	Jeweller	YES	NO
Esparto fibre factory	YES	NO	Citrus Fruit Grower	YES	NO
Stucco worker	YES	NO	Thatched roof mending	YES	NO

## **Inorganic**

Agent Orange Exposure (Vietnam) - 2021 PFF poster Dr B Kaul of UCSF	YES	NO			
Stone Cutting	YES	NO	Hair Stylist/Salon Work	YES	NO
Oil heater	YES	NO	Electrical installation	YES	NO

Beryllium exposure	YES	NO	Hairdresser	YES	NO
Asbestos exposure (shipyard, construction demolition, brake lining, others)	YES	NO	Woodwork	YES	NO
Dental technician	YES	NO	Beautician and Cosmetics	YES	NO
Masonry Work	YES	NO	Car manufacturing, Airplane work, and machinist	YES	NO
Laboratory worker	YES	NO	Biomass Fuel		
Biologist	YES	NO	Pharmaceutical Industry		
Dyer	YES	NO	Chemical and polyurethane industry	YES	NO
Cleaner	YES	NO	Plastic worker	YES	NO
Epoxy resins	YES	NO	Works with acid anhydrides	YES	NO
Isocyanates production	YES	NO	Lacquering	YES	NO
Insulation worker	YES	NO	Painter/spray painting	YES	NO
Mica worker	YES	NO	Waterproofing and sealing	YES	NO
Plastering work	YES	NO	Pipe worker/plumber	YES	NO
Nylon cutting	YES	NO	Furniture work	YES	NO
Talc Worker	YES	NO	Textile worker	YES	NO
Beryllium worker	YES	NO	Cord manufacturer	YES	NO
Aluminum worker	YES	NO	Flooring work	YES	NO
Repair Garage	YES	NO	Ceramic industry/tile work	YES	NO
Smelter/Foundry/Metal price work	YES	NO	Mica worker	YES	NO
Flame cutting	YES	NO	Cosmetic Production	YES	NO
Metal grinding	YES	NO	Metal, lathes, metal drill worker	YES	NO
Plastic Welder	YES	NO	Cement/cement product worker	YES	NO
Machine operator	YES	NO	Road/tunnel construction work	YES	NO

Locksmith	YES	NO	Aircraft Manufacturing	YES	NO
Hardwood Processing plant	YES	NO	Railroad worker	YES	NO
Aerospace	YES	NO	Automotive product worker	YES	NO
Longshoreman	YES	NO	Yacht manufacturer	YES	NO
Industrial Worker	YES	NO	Longshoreman	YES	NO
Vineyard work ( use of sprays solution of copper sulphate neutralized with hydrated lime called Bordeaux Mixture to prevent mildew)	YES	NO	Well Digger	YES	NO

25. Have you ever worked in a dusty environment? YES / NO

If YES, please give details about environment: \_\_\_\_\_

26. Have you ever been exposed to gas fumes or chemicals? YES / NO

If YES, please give details about exposure: \_\_\_\_\_

### **MEDICATION HISTORY**

27. If you are taking or have ever taken the following medication, please answer “YES” and provide the year you began taking the medication.

#### **A. Causes of ILD:**

Amiodarone (Cordarone)	YES	NO	When: _____
Any Cancer chemotherapy	YES	NO	When: _____
Azathioprine (Imuran)	YES	NO	When: _____
Bleomycin (Blenoxane)	YES	NO	When: _____
Bosentan (Tracleer)	YES	NO	When: _____
Breast Cancer Biologic Therapy (eg: Ibrance, Kisqali, Versenio)	YES	NO	When: _____
Busulfan (Busulphan)	YES	NO	When: _____
Chlorambucil (Leukeran)	YES	NO	When: _____
Colchicine	YES	NO	When: _____



Cyclophosphamide (Cytosan)	YES	NO	When: _____
Cyclosporin A (Neoral, Sandimmune)	YES	NO	When: _____
Diphenylhydantoin (Dilantin)	YES	NO	When: _____
Etanercept (Enbrel)	YES	NO	When: _____
Gamma-interferon 1-b (Actimmune)	YES	NO	When: _____
Gold salts	YES	NO	When: _____
Hydralazine	YES	NO	When: _____
Imatinib mesylate (Gleevec)	YES	NO	When: _____
Infliximab (Remicade)	YES	NO	When: _____
Isoniazid (INH, Nydrazid)	YES	NO	When: _____
Lung Cancer Biologic Therapy (eg: Opdivo)	YES	NO	When: _____
Methotrexate (Folex, Rheumatrex)	YES	NO	When: _____
Mycophenolate (CellCept)	YES	NO	When: _____
N-acetylcysteine (NAC)	YES	NO	When: _____
Nitrofurantoin (Macrobid, Macrochantin)	YES	NO	When: _____
Penicillamine (Cuprimine, Depen)	YES	NO	When: _____
Prednisone/prednisolone	YES	NO	When: _____
Procainamide (Procan, Promine, Pronestyl)	YES	NO	When: _____
Radiation therapy	YES	NO	When: _____
Sulfasalazine (Azulfadine)	YES	NO	When: _____

## **B. Causes of Pulmonary Eosinophilia:**

ACE Inhibitor	YES	NO	When: _____
Allopurinol	YES	NO	When: _____
Amiodarone	YES	NO	When: _____
Ampicillin	YES	NO	When: _____
Beta blocker	YES	NO	When: _____

Beta-lactam antibiotics	YES	NO	When: _____
Bleomycin	YES	NO	When: _____
Carbamazepine	YES	NO	When: _____
Dapsone	YES	NO	When: _____
Daptomycin	YES	NO	When: _____
Fluindione	YES	NO	When: _____
Hydrochlorothiazides	YES	NO	When: _____
L- Tryptophan	YES	NO	When: _____
Lamotrigine	YES	NO	When: _____
Lenalidomide	YES	NO	When: _____
Mesalamine	YES	NO	When: _____
Methotrexate	YES	NO	When: _____
Minocycline	YES	NO	When: _____
Nevirapine	YES	NO	When: _____
Nitrofurantoin	YES	NO	When: _____
Nonsteroidal antiinflammatory drugs (NSAIDs)	YES	NO	When: _____
Olanzapine	YES	NO	When: _____
Oxcarbazepine	YES	NO	When: _____
Phenindione	YES	NO	When: _____
Phenytoin	YES	NO	When: _____
Radiographic contrast media	YES	NO	When: _____
Strontium Ranelate	YES	NO	When: _____
Sulfasalazine	YES	NO	When: _____
Sulfonamides/ Sulfamethoxazole	YES	NO	When: _____
Telaprevir	YES	NO	When: _____
Vancomycin	YES	NO	When: _____

28. Please list your current medications and dosages (no need to fill in if given to CMA / nurse during rooming): \_\_\_\_\_

\_\_\_\_\_

**TESTING HISTORY**

29. When was the last time you have had any of the following testing:

<b>Test</b>	<b>Approximate Date</b>	<b>Location</b>
Pulmonary Function Testing		
Methacholine Challenge Testing		
Echocardiogram		
Left Heart Catheterization		
Right Heart Catheterization		
Bronchoscopy		
Lung Biopsy		
Polysomnogram (sleep study)		
Bone Density Testing		
Chest CT Scan		
6 minute Walk Test		
Rheumatology Evaluation		

**REFERENCE TABLE FOR MD USE ONLY. NOT FOR PATIENT USE**

- 1) Exposure assessment in hypersensitivity pneumonitis: a comprehensive review and proposed screening questionnaire (ERS 2020 on HP)
- 2) Hypersensitivity Pneumonitis: Perspectives in Diagnosis and Management | American Journal of Respiratory and Critical Care Medicine (ATS 2016 on HP)
- 3) Diagnosis of Hypersensitivity Pneumonitis in Adults. An Official ATS/JRS/ALAT Clinical Practice Guideline | American Journal of Respiratory and Critical Care Medicine (ATS 2020 on HP)
- 4) [www.hplung.com](http://www.hplung.com)
- 5) Preparing for transplant - -> HelpHopeLive, NFT, COTA
- 6) <https://www.aiha.org/public-resources/consumer-resources/disaster-response-resource-center/mold-resource-center>
- 7) Genetics Expert -> <https://profiles.ucdenver.edu/display/12649984> (Dr Susan Mathai)

<b>Occupations, activities, and/or hobbies</b>	<b>Source</b>	<b>Antigen</b>
<b>ORGANIC PARTICULATE MATTERS</b>		
<b>I. Microbes</b>		
<b>Fungi/Molds</b>		
Farmers; staying in air-conditioned spaces	Hay, straw, plant material; contaminated humidifiers	Absidia corymbifera
Woodworkers	Sawdust; mouldy wood	Acremonium strictum
Woodworkers; carpenters; parquet layers; staying in air conditioned spaces	Contaminated humidifiers; wood pulp, dust	Alternaria alternata
Malt workers	Contaminated barley	Aspergillus clavatus
Farmers	Hay, straw, mouldy plants	Aspergillus flavus

Farmers; mushroom growers; gardeners; upholstery workers; poultry breeders; veterinary doctors; animal traders; malt workers; fruit growers; tobacco growers; potato riddlers; stucco workers; bakers; steam ironing; plastering work; deep construction work; masons (Spain, North Africa); waste sorting; staying in air-conditioned rooms	Hay, compost, mushrooms, malt, tobacco, potted flowers; greenhouse; mould on walls; upholstered furniture; bird droppings; contaminated Water; contaminated walls/ stucco/, mouldy esparto grass (Stipa tenacissima) Quercus suber tree, steam of ironing water; mouldy citrus fruits; tobacco leaves; wood chips; bark mulch; organic waste; salami; mouldy well shafts	Aspergillus fumigatus
Staying in air conditioned rooms; contaminated houses	Ubiquitous fungi, contaminated houses, humidifiers	Aspergillus niger
Staying in air conditioned rooms, contaminated houses	Mold growth in rooms	Aspergillus ochraceus
Bakers; flour producers	Aspergillus enzyme in baking agents	Aspergillus oryzae (enzyme)
Farmers	Hay, straw, mouldy plants	Aspergillus umbrosus
Staying in air conditioned rooms; contaminated houses; farmers	Contaminated houses	Aspergillus versicolor
Sauna takers; bath or pool attendants; gardeners; ironing work	Contaminated sauna water, moldy redwood dust, domestic ventilation and cooling systems; steam iron water; potted flowers, greenhouse	Aureobasidium spp.
Vineyards workers; wine processing	Mold on grapes	Botrytis cinerea
Staying in air conditioned rooms, contaminated houses; gardeners	Contaminated basement, contaminated humidifier; potted flowers; greenhouse	Cephalosporium spp
Gardeners, bath or pool attenders, sauna takers	Mould on ceiling	Cladosporium (herbarum, cladosporioides)
Staying in contaminated houses	Contaminated houses	Cryptococcus neoformans
Staying in contaminated houses	Contaminated houses	Cryptococcus albidus and
Woodworker's; florists; orchid cultivators	Contaminated maple logs; flowers	Cryptostroma corticale

Staying in mouldy spaces	Moulds in living and working spaces	<i>Epicoccum nigrum</i>
Staying in air conditioned rooms; farmers	Contaminated humidifiers, hay	<i>Eurotium amstelodami</i>
Bath or pool attendants	Moulds in steam baths	<i>Exophiala jeanselmei</i>
Staying in air conditioned rooms and mouldy spaces, gardeners, farmers, musicians	Moulds in living and working spaces; moulds on plants (barley, endives), in soil, contaminated wind instruments	<i>Fusarium</i> spp.
Nebulisers	Ultrasound nebulisers	<i>Fusarium culmorum</i>
Onion and potato sorting	Onions and potatoes	<i>Fusarium solani</i>
Woodworkers	Moldy redwood dust; sawdust	<i>Graphium</i> spp.
Woodworkers	Decayed wood	<i>Leucogyrophana pinastri</i>
Peat workers	Peat	<i>Monocillium</i>
Woodworkers; staying in air conditioned rooms	Mouldy wood, contaminated humidifiers, sawdust	<i>Mucor</i> spp.
Paprika slicers	Moldy paprika pods	<i>Mucor stolonifer</i>
Staying in damp mouldy spaces; woodworkers	Decayed wood, mould on burnt hardwood; moulds in working and living spaces	<i>Paecilomyces variottii</i>
Farmers; citrus fruit growers; footcare; woodworkers; carpenters	Hay, straw, mouldy plants; moulds on fingernails and skin, mouldy wood chips	<i>Penicillium brevicompactum</i>
Cheese production	Mouldy cheese/casings	<i>Penicillium camemberti</i>
Cheese production; staying in air conditioned rooms; upholstery work	Mouldy cheese/casings; white coating on salami; contaminated humidifiers	<i>Penicillium casei</i>
Staying in air conditioned rooms	Moulds in living and working places	<i>Penicillium chrysogenicum</i>
Peat workers	Peat	<i>Penicillium citreonigrum</i>
Staying in air conditioned spaces	Moulds in living and working spaces	<i>Penicillium cyclopium</i>
Staying in air conditioned spaces	Moulds in living and working spaces	<i>Penicillium expansum</i>

Cork workers; salami production; staying in air conditioned spaces	Mouldy cork; white coating on salami; moulds in apartments; contaminated water	Penicillium frequentans
Cork workers	Moldy cork	Penicillium glabrum
Cheese production	Moldy cheese/casings	Penicillium glaucum
Cheese production	Moldy cheese/casings	Pencillium roqueforti
Cheese production	Moldy cheese/casings	Penicillium verrucosum
Potato and onion sorting; farmers; cork workers; staying in contaminated houses	Contaminated basement; mouldy cork; moulds on fruits and vegetables	Penicillium spp.
Staying in damp mouldy spaces	Moulds in living and working places	Peziza domicilliana
Wind instrument players	Moulds contaminating mouthpiece of wind instruments	Phoma spp.
Animal feed production	Phytase in animal feed	Phytase (enzyme from Aspergillus or Trichoderma
Staying in damp mouldy spaces	Moulds in living and working places	Poria megalospora
Wood trimmers; wood workers; carpenters; parquet layers	Mouldy wood; sawdust	Rhizopus spp.
Staying in contaminated spaces	Mouldy wood	Serpula lacrymans
Staying in air conditioned spaces	Contaminated humidifier/air conditioner water	Sphaeropsidales
Farmers	Hay, straw, plant material	Sporobolomyces
Farmers; woodworkers; gardeners; staying in air- conditioned rooms	Mouldy wood, plants, soil; animal Skin (sporotrichosis)	Sporothrix shenckii
Staying in damp mouldy spaces	Moulds growth in houses	Stachybotrys chartarum
Woodworkers, gardeners	Contaminated wood, soil, plants	Trichoderma coningii
Gardeners; paper processing; woodworkers; citrus fruit farming	Moulds in ultrasound nebulisers; potted flowers; greenhouses; mould on wood, paper, citrus fruits	Trichoderma viride
Farmers	Mouldy grains	Ustilago esculenta

Farmers	Hay, straw, plant materials	Wallemia sebi
<b>Yeasts</b>		
Staying in air conditioned spaces, farmers; musicians, footcare; attending pools and baths	Contaminated misting fountains and humidifiers; mouldy hay; candida in human intestine, swimming pools; mouthpiece of saxophone; human fingernails and skin	Candida spp.
Staying in damp mouldy spaces	Milk mould	Geotrichum candidum
Staying in air conditioned spaces; contaminated houses	Contaminated humidifiers; hay; Contaminated houses	Rhodotorula rubra.
Farmers; food production	Baker's yeast; brewer's yeast; wine yeasts	Saccharomyces cerevisiae
Farmer; thatched roof mending	Dried grasses, leaves	Saccharomonospora viridis
Farmers; Mushroom workers	Moldy hay, compost and mushrooms	Saccharospora rectivirgula
Footcare	Fingernails and skin	Torulopsis glabrata
Staying in contaminated houses	Contaminated houses	Trichosporon cutaneum
<b>Bacteria</b>		
Misting fountains at homes; machine operators	Contaminated water; Contaminated machine fluid	Acinetobacter sp.(Iwoffii)
Working in air conditioned rooms	Contaminated humidifiers	Achromobacter
Working in air conditioned rooms; sewage work	Contaminated air conditioners, sewage treatment plants	Alcaligenes
Misting fountains	Contaminated humidifier water; sawdust; moist wood	Bacillus sp.
Working in air conditioned rooms; metal workers, woodworkers	Detergents; biological cleaning agents; washing powders	Bacillus subtilis Enzymes (subtilisin)
Living in contaminated houses	Contaminated houses	Cryptococcus albidus
Swimming pool worker's lung	Contaminated water	Endotoxin from pool water sprays and fountains



Farmers	Hay, straw, lichen, mouldy plants	<i>Erwinia herbicola</i>
Staying in air conditioned rooms	Contaminated humidifiers	<i>Klebsiella oxytoca</i>
Farmers	Moldy hay	<i>Lichtheimia corymbifera</i>
Machine operators, musicians, metal workers, jacuzzi and sauna takers	Contaminated machine fluids; cutting fluids; cutting oils; wind Instruments; contaminated water; whirlpools	Nontuberculous mycobacteria ( <i>M. immunogenum</i> , <i>M. avium complex</i> , <i>M. chelonae</i> , <i>M. fortuitum</i> , <i>M. abscessus</i> )
Machine operators	contaminated machine fluids	<i>Ochrobacter</i>
Musicians	Contaminated wind instruments; mouldy shower curtains	<i>Phoma</i> spp.
Machine operators; staying in air conditioned rooms	Contaminated machine fluids; Contaminated indoor fountains and humidifiers	<i>Pseudomonas</i> spp. ( <i>fluorescens</i> , <i>aeruginosa</i> )
Ironing work	Contaminated water in steam irons	<i>Sphingobacterium spiritivorum</i>
Musicians; staying in air- conditioned rooms	Contaminated indoor fountains, humidifiers and wind instruments	<i>Stenotrophomonas</i> spp.
Misting fountains	Contaminated water	<i>Staphylococcus</i> spp.
Farmers; mushroom cultivation	Contaminated compost; edible mushroom manure, hay dusty soil	<i>Streptomyces albus</i>
Farmers; thatched roof mending	Moldy thatched roofs	<i>Streptomyces olivaceus</i>
Farmers	Hay, straw	<i>Streptomyces thermoxygrosopicus</i>
Staying in air conditioned rooms	Contaminated humidifiers	<i>Thermoactinomyces candidus</i>
Farmers; gardeners; staying in air conditioned rooms	Hay, straw, mouldy plants; Contaminated humidifiers	<i>Thermoactinomyces dichoticus</i>
Farmers; gardeners; staying in air conditioned rooms; bagasse processing; cotton workers; thatched roof mending	Moldy sugarcane; hay, straw, mouldy plants, thatched roof	<i>Thermoactinomyces sacchari</i>

Staying in air conditioned rooms	Contaminated humidifiers	Thermoactinomyces viridis
Farmers, bagasse processing; mushroom workers; potato riddlers; staying in air conditioned rooms; thatched roof mending	Moldy hay, sugarcane, compost, mushrooms, contaminated water; thatched roof	Thermoactinomyces vulgaris
Plasterers	Esparto dust	Thermophile actinomycetes
Musicians	Contaminated wind instruments	Ulocladium botrytis
<b>Molds/bacteria</b>		
Musicians	Contaminated saxophones, trombone	Molds/bacteria
<b>Amoebae</b>		
Staying in air-conditioned rooms	Contaminated humidifiers and air Conditioning systems	Amoebae
<b>Nematodes</b>		
Staying in air-conditioned rooms	Contaminated humidifiers and air Conditioning systems	Nematodes
<b>Mite</b>		
Cheese production	Cheese	Acarus siro
<b>II. Proteins/Enzymes</b>		
<b>Animal's proteins</b>		
Furriers	Animal pelts	Animal fur dust
Cosmetics	Cosmetics, unsaturated fatty acids and phytosterol	Argan cake
Bird fanciers; Bird breeders; photographers of birds and veterinary doctors; sellers of birds; wild birds breeders; poultry breeders; butchers	Parakeets; canaries; budgerigars; pigeons; parrots; chicken; turkeys; geese; ducks; wild birds; pheasants	Avian droppings, serum and feathers
Feather duvets; feather pickers; production of feather duvets	Feather beds, pillows, duvets	Avian feathers
Conservationists	Contact with bats	Bats
Food processing industry, dyers	Food and cosmetics	Carmine (from Coccus cactus)
Infants fed with cow milk	Cow milk	Cow milk
Fish traders; production of fish feed	Daphnia; meat; mosquito larvae	Fish feed

Production of animal feed; fish processing	Animal feed	Fish meal
Pharmaceutical industry	Animal extracts	Pig pancreas
Pituitary snuff takers	Pituitary powder	Pituitary proteins
Individuals staying in air-conditioned rooms	Contaminated air conditioners	Protozoans
Rats handlers, laboratory workers, biologists	Rats; gerbils	Rats and desert mouse (gerbil) urine, serum, pelts
Jewellers; nacre processing; Jewellery production; oyster shell processing	Shell powder	Sea snail, oyster and mussel shell protein
Silkworm rearing	Dust from silkworm larvae and cocoon	Silkworm proteins
Millers, farmers; bakers	Contaminated grain or flour	Weevils (corn, wheat) ( <i>Sitophilus</i> spp.)
<b>Plant's proteins</b>		
Seaweed workers	Seaweed	Alginate
Food processors	Green tea powder	Cathechine
Paper manufacture, cords manufacture	Esparto grass	Esparto dust
Millers; bakers	Flour dust	Grain flour (wheat, rye, oats, maize)
Food processors	Food processing industry	Malt
Food processing industry; laboratory workers (animal feeding)	Legumes (soya) flour dust	Legumes (soy)
Historical- paprika splitters	Paprika dust	Paprika
Animal breeders	Animal feeding; cattle feed additive	Phytase
Pest control (disinfection work, pest-control work)	Plant based insecticide	Pyretrum
Food processing	Spinach powder	Spinach
Food processors; manufacture of the drink Horchata (Spain)	Drink Horchata	Tiger nut
Woodworkers, carpenters, parquet layers	Wood particles	Wood (cabreuva, cedar, mahogany, pine, ramin, umbrella pine)

<b>Edible mushrooms</b>		
Mushrooms (shiitake, bunashimeji, pleurotus, pholiota, shimeji, agaricus)	Mushrooms (shiitake, bunashimeji, pleurotus, pholiota, shimeji, agaricus)	Mushrooms (shiitake, bunashimeji, pleurotus, pholiota, shimeji, agaricus)
Lyophyllum	Lyophyllum	Lyophyllum
<b>INORGANIC PARTICULATE MATTERS</b>		
<b>I. Chemicals</b>		
Chemical and polyurethane industry, spray painting, foundry working, flame cutting, lacquering, painting, flooring work, mining, waterproofing and sealing, plastic processing, metal grinding, locksmiths, tanners, electrical installations, car manufacturing, furniture work, carpenter, woodwork, aircraft industry woodwork	Polyurethane foams, spray paints, elastomers, glues, adhesives, mattress, car parts, shoes, imitation leather, rubber products, chipboard, elastic synthetic fibres, electrical insulations	Acid anhydrides (Pyromellitic and trimellitic anhydrides)
Dental technicians	Dental materials, lacquer, resin, glues	Acrylate compounds (Methyl methacrylate)
Vineyard workers	Copper sulphate Bordeaux mixture	Copper sulphate
Cleaners, chemical workers, industrial workers	Degreasing agents, cleaning agents, extraction agents	Chloroethylene (trichlorethylene)
Yacht manufacturing	Industrial solvents, plasticizers	Dimethyl phthalate and styrene
Beauticians, hairdressers	Coolant fluid in laser hair removal devices	HFC- 134a (Tetrafluoroethane)
Works with acid anhydrides	As in acid anhydrides	Isocyanates (toluen diisocyanate, methylen diphenyl diisocyanate, hecamethylene diisocyanate, TMI, MIC, MMI, NDI, PI,

		CHI, polyisocyanate)
Works with hardener for epoxy resin	Hardener for epoxy resin	Tetrachlorophthalic and hexahydrophthalic acid
Laboratory personnel	Laboratory reagent, chromatography	Sodium diazobenzene sulfate
Painting	Powder paints; polyester powder	Triglycidyl isocyanurate
<b>Pharmaceutical agents</b>		
Pharmaceutical industry workers	Pharmaceutical industry	Penicillins, cephalosporins
Drug induced HP	Immunomodulatory agents; cholesterol lowering agents; antidepressants; alkylating antineoplastic agents	Methotrexate Alpha interferon Lenalidomide Pravastatine Venfalexine Temozolomide
<b>Metals</b>		
Hard-metal processing	Hard metals alloys	Cobalt
Smelters, metal processing	Zinc fumes	Zinc (tungsten and alloys)
Ceramic industry	Zircon	Zirconium
Aerospace industry	Batteries, computers, neons	Beryllium

#### **DEFINITION OF PULMONARY EOSINOPHILIA:**

The defining characteristics of pulmonary eosinophilia include the following:

- Peripheral blood eosinophilia (absolute eosinophil count  $\geq 500$  eosinophils/microL) with abnormalities on pulmonary imaging studies
- Increased eosinophils in bronchoalveolar lavage (BAL) fluid (eg, >10 percent)
- Lung tissue eosinophilia demonstrated in transbronchial or open lung biopsies

## Interstitial lung disease associated with BAL eosinophilia

<b>High count (<math>\geq 25</math> percent)</b>
Chronic eosinophilic pneumonia ( $\geq 40$ percent)
Eosinophilic granulomatosis with polyangiitis (EGPA; Churg Strauss) and active pneumonitis ( $\geq 30$ percent)
Idiopathic acute eosinophilic pneumonia ( $\geq 25$ percent)
Tropical pulmonary eosinophilia (40 to 70 percent)
<b>Mild to moderate counts (<math>&lt; 25</math> percent)</b>
Connective tissue disease
Drug-induced pneumonitis (eg, due to NSAIDs, cocaine, nitrofurantoin, minocycline, sulfonamides, ampicillin, and others)
Fungal pneumonia
Idiopathic pulmonary fibrosis ( $< 10$ percent)
Pulmonary Langerhans cell histiocytosis
Sarcoidosis