SMOKING/DRUG HISTORY

15. Have you ever smoked cigarettes? ☐ Yes ☐ No

If "Yes", answer A-D. If "No", move to question 16.

A. Do you smoke cigarettes now? (*at least one cigarette a day for the past year*) ☐ Yes ☐ No

B. What year did you start smoking? ________

C. What year did you stop smoking? ________ (if you are still smoking, mark N/A) ☐ N/A

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

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16. Have you ever lived in the same house with someone who smoked regularly for at least one year? ☐ Yes ☐ No

17. Have you ever smoked one or more cigars a week for a year? ☐ Yes ☐ No # of years: ____
 If yes, list the number of years you have smoked cigars.

18. Have you ever smoked a pipe (more than 12 oz tobacco in your life)? ☐ Yes ☐ No # of years: ____
 If yes, list the number of years you have smoked pipes.

19. Have you ever smoked marijuana? ☐ Yes ☐ No

20. Have you ever used cocaine? ☐ Yes ☐ No

21. Have you ever used intravenous drugs? ☐ Yes ☐ No

ENVIRONMENTAL HISTORY

22. The following questions ask about specific exposures you may have had in your home environment. If you were REGULARLY OR REPEATEDLY exposed to any of the following in the THREE YEARS BEFORE your breathing problem started, answer "Yes" and provide any additional information requested.

A. Humidifier ☐ Yes ☐ No

B. Air cleaner/purifier ☐ Yes ☐ No

C. Steam sauna/steam shower ☐ Yes ☐ No

D. Indoor hot tub ☐ Yes ☐ No

E. Swamp cooler ☐ Yes ☐ No

F. Water damage or mold/mildew in the home ☐ Yes ☐ No

G. Asbestos ☐ Yes ☐ No

H. Down pillows or comforters ☐ Yes ☐ No

I. Pigeons,parakeets or other birds ☐ Yes ☐ No Kind: __________

J. Dogs, cats, rabbits, gerbils, hamsters or guinea pigs in house ☐ Yes ☐ No Kind: ________

K. Does the house or office smell musty? ☐ Yes ☐ No

L. Has there been a history of flooding? ☐ Yes ☐ No

M. Is there water damage on the walls or ceilings? ☐ Yes ☐ No If yes, take digital pictures

N. Do you have a lot of plants in the house or office? ☐ Yes ☐ No

O. Do you have fish tanks? ☐ Yes ☐ No

P. Are there any appliances or sinks that leak water or have a water pan to change? ☐ Yes ☐ No

Q. Does your dishwasher leak/overflow? ☐ Yes ☐ No

R. Do you own a Sleep-Number (or equivalent) bed? ☐ Yes ☐ No

S. Do any leather clothes or shoes stored in the closets have a fine layer of white or black covering them? ☐ Yes* ☐ No * If yes, take digital pictures

T. Are the walls of the closets discolored or do they have a film of black or white covering them? ☐ Yes* ☐ No * If yes, take digital pictures

U. Do you have carpeting? If so, how old is it? _____ ☐ Yes ☐ No
Do you get it steam-cleaned regularly? ☐ Yes ☐ No

V. Do you work with potting soils or compost on a regular basis? ☐ Yes ☐ No

W. Do you hunt in duck blinds or have exposure to moist soil? ☐ Yes ☐ No

OCCUPATIONAL HISTORY

23. The following questions ask about specific jobs or hobbies you may have had in your life. If you have ever worked as one of the following, answer "Yes" and provide the average level of dust exposure you experienced during that time.

A. Pottery worker	☐ Yes	☐ No	O. Painter/spray painting	☐ Yes	☐ No
B. Cotton mill worker	☐ Yes	☐ No	P. Longshoreman	☐ Yes	☐ No
C. Pipe worker/plumber	☐ Yes	☐ No	Q. Housecleaner	☐ Yes	☐ No
D. Insulation worker	☐ Yes	☐ No	R. Smelter/Foundry work	☐ Yes	☐ No
E. Farmer	☐ Yes	☐ No	S. Welder	☐ Yes	☐ No
F. Sandblaster	☐ Yes	☐ No	T. Textile worker	☐ Yes	☐ No
G. Rock miner	☐ Yes	☐ No	U. Paper product worker	☐ Yes	☐ No
H. Talc worker	☐ Yes	☐ No	V. Cement/ cement product worker	☐ Yes	☐ No
I. Beryllium worker	☐ Yes	☐ No	W. Road builder/tunnel construction work	☐ Yes	☐ No
J. Aluminum worker	☐ Yes	☐ No	X. Automotive product worker (brake linings, gaskets, clutch plates,etc)	☐ Yes	☐ No
K. Carpenter/woodwork	☐ Yes	☐ No	Y. Insulation worker (pipe/boiler, bulkhead linings, filler, grouting)	☐ Yes	☐ No
L. Plastic worker	☐ Yes	☐ No			
M. Mica worker	☐ Yes	☐ No			
N. Railroad worker	☐ Yes	☐ No			

24. Have you ever worked in a dusty environment? ☐ Yes ☐ No

25. Have you ever been exposed to gas fumes or chemicals? ☐ Yes ☐ No

MEDICATION HISTORY

26. The following questions ask about specific medications. If you are taking or have ever taken the listed medication, please answer "Yes" and provide the year you began taking this medication.

Medication	Yes	No	Date
A. Amiodarone (Cordarone®)	☐ Yes	☐ No	Date: ______
B. Nitrofurantoin (Macrobid, Macrodantin®)	☐ Yes	☐ No	Date: ______
C. Bleomycin (Blenoxane®)	☐ Yes	☐ No	Date: ______
D. Methotrexate (Folex®, Rheumatrex®)	☐ Yes	☐ No	Date: ______
E. Prednisone/prednisolone	☐ Yes	☐ No	Date: ______
F. Cyclophosphamide (Cytoxan®)	☐ Yes	☐ No	Date: ______
G. Azathioprine (Imuran®)	☐ Yes	☐ No	Date: ______
H. N-acetylcysteine (NAC)	☐ Yes	☐ No	Date: ______
I. Gamma-interferon 1-b (Actimmune®)	☐ Yes	☐ No	Date: ______
J. Mycophenolate (CellCept®)	☐ Yes	☐ No	Date: ______
K. Colchicine	☐ Yes	☐ No	Date: ______
L. Bosentan (Tracleer®)	☐ Yes	☐ No	Date: ______
M. Imatinib mesylate (Gleevec®)	☐ Yes	☐ No	Date: ______
N. Etanercept (Enbrel®)	☐ Yes	☐ No	Date: ______
O. Infliximab (Remicade®)	☐ Yes	☐ No	Date: ______
P. Radiation therapy	☐ Yes	☐ No	Date: ______
Q. Cancer chemotherapy	☐ Yes	☐ No	Date: ______
R. Busulfan (Busulphan®)	☐ Yes	☐ No	Date: ______
S. Diphenylhydantoin (Dilantin®)	☐ Yes	☐ No	Date: ______
T. Sulfasalazine (Azulfadine®)	☐ Yes	☐ No	Date: ______
U. Penicillamine (Cuprimine®, Depen®)	☐ Yes	☐ No	Date: ______
V. Hydralazine	☐ Yes	☐ No	Date: ______
W. Isoniazid (INH, Nydrazid®)	☐ Yes	☐ No	Date: ______
X. Procainamide (Procan, Promine,Pronestyl®)	☐ Yes	☐ No	Date: ______
Y. Chlorambucil (Leukeran®)	☐ Yes	☐ No	Date: ______
Z. Gold salts	☐ Yes	☐ No	Date: ______
AA. Cyclosporin A (Neoral® Sandimmune)	☐ Yes	☐ No	Date: ______

27. Please list your current medications and dosages (please attach list if needed):

____________________________________ ____________________________________

____________________________________ ____________________________________

____________________________________ ____________________________________

____________________________________ ____________________________________