Study ID: **TM0927** Name (Last, First): **Doe, John** Medical Record Number: **X**

Background Form

Visit date (DD/Mmm/YYYY)

Date of Birth (DD/Mmm/YYYY) **Age**

Occupation (If retired, also indicate previous occupation) Occupation Code -

Sex ○ M ○ F **Height** ○ in ○ cm **Weight** ○ lbs ○ kg **BMI**

Ethnicity - **Race** - **Other (specify)**

Level of Education - **Served in the military?** ○ no ○ yes. If yes, what branch:

Ordering Information

Ordering information is **required** for all patients undergoing a screening exam using the G0297 code.

Was a CT lung screening scan ordered for this patient (CPT code G0297)? ○ no ○ yes (if no, the rest of the questions in this section are optional)

Ordering Practitioner First Name **Last name**

NPI Search

Documentation of shared decision making ○ no ○ yes (shared decision making is required for reimbursement for G0297 exams on baseline **only**)

Ordering practitioner reported smoking status: ○ current ○ former

Ordering practitioner reported pack years

Ordering practitioner reported years since quit (only required for former smokers)

Ordering practitioner reported asymptomatic for lung cancer: ○ no ○ yes

Clinical information (information will be copied to CT report)

Medical Conditions

Family history of lung cancer?	○ no ○ yes ○ ?	Father? ○ no ○ yes Mother? ○ no ○ yes Siblings? ○ no ○ yes	
Any Cancer	○ no ○ yes ○ ?	**When? (YYYY)**	**Primary site?**
Asthma	○ no ○ yes ○ ?	**Under current treatment?** ○ no ○ yes	
Emphysema or Chronic Bronchitis(COPD)?	○ no ○ yes ○ ?	**When? (YYYY)**	
High Blood Pressure	○ no ○ yes ○ ?	**Treated?** ○ no ○ yes **Since When? (YYYY)**	**Highest Value?**
High Cholesterol	○ no ○ yes ○ ?	**Treated?** ○ no ○ yes	
Had an angioplasty or Stent?	○ no ○ yes ○ ?	**When? (YYYY)**	**Where treated?**
MI	○ no ○ yes ○ ?	**When? (YYYY)**	**Where treated?**
Stroke	○ no ○ yes ○ ?	**When? (YYYY)**	**Where treated?**
Peripheral Vascular Disease (Poor Circulation)	○ no ○ yes ○ ?		
Diabetes	○ no ○ yes ○ ?	**Starting at what age?**	**Treated?** ○ no ○ yes
Liver Disease	○ no ○ yes ○ ?	○ Mild ○ Moderate/Severe	
Kidney (Renal) Disease	○ no ○ yes ○ ?	○ Mild ○ Moderate/Severe	

Have you experienced any symptoms indicative of lung cancer? ○ **no** ○ **yes (check all that apply)**

☐ cough producing bloody material
☐ unexplained weight loss greater than 20 lbs.
☐ unexplained hoarseness,
☐ other (specify)

When did you most recently have a chest CT? - **If so, where was the test done?**

Pulmonary Function Test Data

Have you had a pulmonary function test within the last five years? ○ no ○ yes

(Values are not required)

FEV1 (L/s) FVC (L) FEV1/FVC (%) Diffusion Capacity (mL/min/mm Hg)

Occupational Exposure

To your knowledge, have you been exposed to asbestos? ○ no ○ yes

Have you ever worked in any of the following?

☐ asbestos product manufacturing ☐ auto repair
☐ building maintenance ☐ chemical industry/foundary/refinery
☐ construction/demolition ☐ mining ☐ nuclear industry
☐ ship construction/repair ☐ other (e.g. clean up, toxic waste, chemical/radiation exposure)

If other, specify

Tobacco Use

Have you smoked at least 100 cigarettes in your lifetime? (100 cigarettes = 5 packs) ○ no ○ yes

If no, were you exposed to secondhand smoke? ○ no ○ yes

If yes, skip to the "Secondhand Tobacco Smoke Exposure" section.

About how old were you when you first started smoking cigarettes regularly?

Over the past month, have you smoked at all, even one cigarette? ○ no ○ yes

If yes, skip to "Current Cigarette Smoker".

If no, when was the date of your last cigarette (DD/Mmm/YYYY)? - -

If no, number of years since quit (computed from quit date):

Former Cigarette Smoker

When you were a smoker, on approximately how many days per week did you smoke cigarettes?

On the days that you did smoke, approximately how many packs of cigarettes did you smoke per day (PPD)?

For approximately how many years did you smoke this amount?

packs/day (PPD)	Total Pack-Years
1 cig / day = 0.05 2-3 cig / day = 0.10 4 cig / day = 0.20 5 cig / day = 0.25 10 cig / day = 0.50 15 cig / day = 0.75 20 cig / day = 1.00	

Current Cigarette Smoker

On average, on how many days per week do you (or did you) smoke cigarettes?

On average, how many packs of cigarettes do you (or did you) smoke per day (PPD)?

For approximately how many years have you smoked this amount?

Have you ever tried to quit smoking? ○ no ○ yes **If yes, how many times?** -

In the last 12 months, how many times have you quit smoking for at least 24 hours? -

Are you seriously thinking of quitting smoking? -

Smoking cessation information or counselling was offered to subject ○ no ○ yes

Secondhand Tobacco Smoke Exposure / Occupation

After age 18, did you work for more than one year in a worksite where smoking was allowed? ○ no ○ yes

Did you ever work for more than one year in a job where you were exposed to other people's tobacco smoke? ○ no ○ yes

Age Range *(from Most Recent)*	**Job**	**Smoking**
		○ not permitted ○ restricted ○ allowed anywhere
		○ not permitted ○ restricted ○ allowed anywhere
		○ not permitted ○ restricted ○ allowed anywhere
		○ not permitted ○ restricted ○ allowed anywhere

Secondhand Tobacco Smoke Exposure / Household

Did anyone in your house smoke in the home when you were under 18? ○ no ○ yes

Was smoking allowed inside the house? ○ not permitted ○ restricted ○ allowed anywhere

Did your mother/primary care giver smoke when you were under age 7? ○ no ○ yes

Did your mother/primary care giver smoke when you were ages 7-18? ○ no ○ yes

Did anyone else beside your mother/primary care giver smoke in the home when you were under 18? ○ no ○ yes

Do you currently live with a smoker? ○ no ○ yes

After age 18, did you live with someone for more than one year who smoked in your presence? ○ no ○ yes

If yes, **at what ages did you live with someone who smoked around you and how much did they smoke?** *(Most Recent First)*

Age Range	**Amount**	**Smoking**
	-	○ not permitted ○ restricted ○ allowed anywhere
	-	○ not permitted ○ restricted ○ allowed anywhere
	-	○ not permitted ○ restricted ○ allowed anywhere
	-	○ not permitted ○ restricted ○ allowed anywhere

Your Health in General

1. Overall, how would you rate your health during the **past 4 weeks**?

Excellent	Very good	Good	Fair	Poor	Very Poor
○	○	○	○	○	○

2. During the **past 4 weeks**, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at all	Very little	Somewhat	Quite a lot	Could not do physical activities
○	○	○	○	○

3.During the **past 4 weeks**, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

None at all	A little bit	Some	Quite a lot	Could not do daily work
○	○	○	○	○

4. How much bodily pain have you had during the **past 4 weeks**?

None	Very mild	Mild	Moderate	Severe	Very Severe
○	○	○	○	○	○

5. During the **past 4 weeks**, how much energy did you have?

Very much	Quite a lot	Some	A little	None
○	○	○	○	○

6. During the **past 4 weeks**, how much did your physical health or emotional problems limit your usual social activities with family or friends?

None at all	Very little	Somewhat	Quite a lot	Could not do social activities
○	○	○	○	○

7. During the **past 4 weeks**, how much have you been bothered by **emotional problems** (such as feeling anxious, depressed or irritable)?

Not at all	Slightly	Moderately	Quite a lot	Extremely
○	○	○	○	○

8. During the **past 4 weeks**, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all	Very little	Somewhat	Quite a lot	Could not do daily activities
○	○	○	○	○