2005 PILOT™
Pulmonary Fibrosis Identification: Lessons for Optimizing Treatment

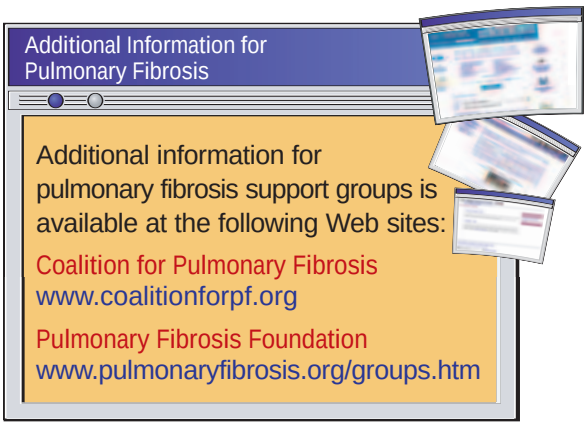
YOUR HEALTH IS IMPORTANT— MAXIMIZE YOUR TIME WITH YOUR HEALTH CARE PROFESSIONAL

When Ending Your Visit

- Ask your physician which is the best manner of communication with him/her
- Check your understanding by summarizing what you heard the provider say. Say the key points and get your provider's feedback and confirmation
- If medications are prescribed, ask your physician:
  - What is the medication for?
  - How long should the medication be taken?
  - What are the side effects?
  - What precautions are necessary?
- If follow-up tests are being performed, ask when you can follow up and with whom
- Identify a spokesperson for yourself
- Ask about any recommended rehabilitation programs and patient support groups
- Make sure you know when your follow-up visit will be scheduled

Remember…Stay Well Informed

- Use patient resource books, articles, Web sites, or videos. Stay abreast of the latest research and clinical trials. Ask your provider for additional information
- Join patient support groups
  - Emotional support can be found by contacting other IPF patients. Interacting with others can help you and your family find comfort in knowing that you are not alone. Ask your physician how to become involved with these groups
- Ask about becoming involved in a rehabilitation program
- Only your personal physician or specialist can make the best suggestions about your health and treatment



Before Your Visit With Your Health Care Provider

- Ask for an appointment that is convenient for you and your provider
- Make a list of your questions and concerns to give to your provider
  - Know how much time you have for your visit
  - Rank your most important concerns or questions first
  - Leave space between each question or concern to take notes when you see your provider
  - If possible, give a copy of your list to the receptionist when you arrive
- If you are seeing a new provider, have your current health history available, including laboratory and radiographic results (x-rays, HRCT or MRI scans), pulmonary function test results, if available. Pathology slides or specimens mailed to your physician prior to your appointment may save you an extra trip to the office. Mail this information to your provider before the visit and make sure they received it
- Make sure you have your primary care physician's contact information with you at your appointment

Know and Understand Your Medications

- Bring a list of your medications. Remember to mention any herbal medications, new diets, vitamins, and supplements

When Visiting Your Health Care Provider

- Use your time efficiently by asking the most important questions on your list first
- Have a support person accompany you if you are not comfortable asking questions
- Ask questions at any point when you have not understood something
  - You have the right to have all medical decisions and discussions explained to you
  - Remember the patient-physician relationship goes both ways. You also have the responsibility to explain all your health issues to your provider. Answer all their questions honestly

SCREENING

Patient Name: _____ **Date:** _____

Current Age: _____

1. Have you ever been exposed to:	**Yes**	**No**	**Specify**	**Dates**
a. Fumes	☐	☐	_____	_____
b. Metal dust	☐	☐	_____	_____
c. Wood dust	☐	☐	_____	_____
d. Solvents	☐	☐	_____	_____
e. Radiation	☐	☐	_____	_____
f. Asbestos	☐	☐	_____	_____

2. Do you have:	**Yes**	**No**	**Specify**
a. Pets or birds	☐	☐	_____
b. Hobbies or pastimes	☐	☐	_____
c. Hot tub	☐	☐	_____
3. Have you traveled?	☐	☐	_____

4. Do you smoke? (if no, please skip to question 5)

☐ No ☐ Yes, currently ☐ Previously, but quit

a. Which of the following did you smoke?

☐ Cigarettes ☐ Cigars ☐ Pipe

b. Start date _____ Stop date _____

c. Amount per day _____

	Yes	**No**	**Specify**
5. Do you have a family history of lung disease?	☐	☐	_____
6. Have you ever had active tuberculosis?	☐	☐	_____
a. If not, have you been exposed to tuberculosis?	☐	☐	_____
7. Have you ever had any lung test, surgery, or procedure (eg, bronchoscopy)?	☐	☐	_____
8. Have you ever been told your chest x-ray was not normal?	☐	☐	_____
9. Do you currently have gastroesophageal reflux disease?	☐	☐	_____
10. Have you ever been to the emergency room or admitted to the hospital for a breathing problem?	☐	☐	_____

11. List past and present occupations and hobbies and dates

_____

_____

_____

_____

12. List present medications

_____

_____

_____

_____

13. Since your last visit to your health care provider…

	Yes	**No**
a. Is your cough worse?	☐	☐
b. With regard to your shortness of breath…		
i. Is it worse?	☐	☐
ii. If yes, on a scale from 1–5, how much worse has it gotten within the last 6 months? (1 = a little worse, 5 = a great deal worse) 1 2 3 4 5		
iii. If yes, with minimal activity?	☐	☐
iv. Has it affected any of your daily activities?	☐	☐
v. Does it worsen with exercise?	☐	☐
vi. Has it made you avoid activities that you enjoy?	☐	☐
vii. Has it made you miss days of work?	☐	☐
c. Have you had difficulty sleeping?	☐	☐
i. Has anyone ever said that you snore?	☐	☐
ii. Do you wake up with trouble breathing?	☐	☐
iii. Do you feel an excessive need to sleep?	☐	☐
d. Have you gone to an emergency clinic or hospital due to a breathing problem?	☐	☐
e. Have you taken any new medications?	☐	☐
f. Have you had a significant change in weight (> or < 10 lbs) not due to dieting?	☐	☐
g. Have you had fatigue or depression?	☐	☐
h. Do you consider your diet to be well-balanced or healthy?	☐	☐
i. On a scale of 1–5, how satisfied are you with your life? (1 = not at all satisfied, 5 = very satisfied) 1 2 3 4 5		
j. Is your health making you feel…		
i. Depressed?	☐	☐
ii. Anxious?	☐	☐
iii. Angry?	☐	☐
iv. Hopeless?	☐	☐
k. Do you have difficulty concentrating?	☐	☐
l. Do you feel like being alone all the time?	☐	☐
m. Does it take a lot of effort to complete simple tasks?	☐	☐
n. Have you lost interest in activities you used to enjoy?	☐	☐