

Dear patient,

You have a suspected disease of the lung's supporting tissue or the pulmonary alveoli, in other words a so-called interstitial lung disease (ILD) or another rare lung disease. There are various and in some instances very different causes for this. That is why it is important to carry out a thorough analysis of the causative factors.

Detailed answers to the questions listed below will help you and us to make the correct diagnosis. Even if the diagnosis of the lung disease is already known, this questionnaire helps us understand what type of examinations or therapies have already been carried out.

Please take your time to answer these questions carefully and completely. We will treat your information as strictly confidential as a matter of course.

If you have difficulties when answering a question, please indicate this with a question mark and do not hesitate to contact us.

Many thanks for your cooperation!

Name: _____

First name: _____

born: _____

Field for address label

1. Questions about your current illness which led to the suspected diagnosis “interstitial lung disease”

1.1 What do you personally believe to be the cause of your current lung disease?

1.2 When did you notice the first symptoms?

_____ weeks ago / _____ months ago / _____ years ago
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1.3 What were your symptoms at the start of the illness? (Please mark with a cross)

	No	Yes
Dry cough		
Cough with sputum		
Shortness of breath on exertion		
Paroxysmal dyspnoea		
Constant shortness of breath even when resting		
Feverish infection of the airways / lung inflammation / flu like symptoms		
Other _____		

1.4 What are your symptoms to date? (Please mark with a cross)

	No	Continued but improved	Continued and remained the same	Continued and got worse
Dry cough				
Cough with sputum				
Shortness of breath on exertion				
Paroxysmal dyspnoea				
Constant shortness of breath				
Feverish infection of the airways				
Flu-like symptoms				
Other _____				
Other _____				

1.5 To what extent does shortness of breath restrict you? (Please mark with a cross)

I do not have shortness of breath	
I do not have shortness of breath except with very strong exertion	
I have shortness of breath when walking quickly on the flat or walking uphill	
I walk slower than people of my age or I can no longer walk as quickly as I am used to	
I often stop	
I constantly have shortness of breath	
I am too breathless to leave the house	
I am too breathless to dress myself or to wash	

1.6 Other information in case you suffer from shortness of breath (please mark with a cross)

My shortness of breath began suddenly	
My shortness of breath began slowly and gradually got worse	
My shortness of breath gets worse in cold / wet weather	
My shortness of breath gets worse in warm / muggy weather	
My shortness of breath gets worse after contact with animals (which:_____)	
My shortness of breath gets worse at home	
My shortness of breath gets worse at work (which:_____)	
My shortness of breath is independent from the seasons	
Taking a deep breath makes me cough	
I mainly have shortness of breath at night	
I mainly have shortness of breath on a morning	
My shortness of breath increases during the course of the day	
I have more shortness of breath during the week than on the weekend	

1.7 Other information in case you suffer from coughs (please mark with a cross)

I do not have a cough	
I have to cough when I have shortness of breath	
I have to cough when I take a deep breath	
I have to cough with physical exertion	
I cough from time to time	
I cough frequently	
I mainly cough on a morning	
I cough at night	

I have severe coughing attacks	
I do not have any sputum	
I have whitish / light sputum	
I have yellowish / greenish sputum	
I have blood in the sputum (so-called blood cough / haemoptysis)	

1.8 What other complaints / symptoms do you have? (Please mark with a cross)

Unintentional weight loss (over 5kg in the last 6 months)	
Fever	
Night sweat requiring you to change your nightdress or bedlinen	
Reduced performance, fatigue, exhaustion	
Swelling of lymph nodes	
Skin changes / rashes	
Light-sensitive skin	
Changes to the mucous membranes or ulcers in the mouth	
Swallowing disorders	
Heartburn	
Chest pain / tightness in the chest	
Water retention in the legs	
Pain on large joints (shoulder, knee, hips)	
Pain on small joints (hand / finger joints, toe joints)	
Swellings on the fingers	
Raynaud's syndrome (paroxysmal discolouration of the fingers during cold temperatures (white, blue, red))	
Dry eyes / dry mouth	
Muscular pains	
Other _____	

2. Question about your medical history

2.1 Have you already been treated with medication for your current lung disease (e.g. cortisone, azathioprine, cyclophosphamide, pirfenidone, nintedanib, MTX)?
 If yes, did you get better as a result?

Medication	taken from ... to:	Improvement yes	Improvement no

2.2 Have you already been diagnosed with other lung diseases?

		If yes, when?
Asthma		
COPD		
Pulmonary hypertension		
Sarcoidosis		
Bacterial / viral lung inflammation		
Eosinophilic pneumonia		
Pulmonary tuberculosis		
Hypersensitivity alveolitis (birdkeepers' lung, farmers' lung, humidifier lung,...)		
Pulmonary fibrosis		
Lung cancer		

2.3a) Have you ever had radiation therapy?

yes ☐ no ☐

If yes, when: _____ Why: _____

Which area of the body: _____

2.3b) Have you ever had chemotherapy? yes ☐ no ☐

If yes, when: _____ Which: _____

If yes, due to which disease: _____

2.4 Do you or did you have professional or private contact with the following hazardous substances or do / did you carry out the following activities?

	professionally	privately
Your own farm including wine business or in the immediate vicinity		
large garden, forest management		
Fertilisers, pesticides and herbicides		
Earth, peat, compost		
Mine, quarry, stonemason, sandblaster		
Metalworking		
Welding / soldering		
Varnishes, solvents, adhesives, sprays		
Paper processing		
Painting, varnishing, wallpapering works		
Asbestos		
Working in a greenhouse		
Mushroom cultivation		
Wood processing		
Plumber		
Food processing		
Waste disposal		

2.5 Please list private activities / hobbies (e.g. handyman, musician, vineyards, hobby gardener, fire brigade, fire-eater etc.) which in your opinion could have endangered your lungs

From	To	Activity	Exposure / hazardous substance
<i>Example: 1992</i>	<i>currently</i>	<i>Gardening work</i>	<i>Compost, earth</i>

2.6 Please mark with a cross where applicable:

Do you have mould in your living rooms (bedroom, bathroom, cellar,...)?	
Have you noticed a "fusty" smell in your home or in the cellar?	
Do you have potted plants in your living rooms?	
Do you have a greenhouse or conservatory?	
Do you operate a humidifier or an indoor fountain?	
Do you have a whirlpool, a sauna or an indoor pool at home?	
Do you work or live in rooms with air conditioning?	
Do you use a steam iron?	
Do you cultivate your own edible mushrooms?	
Do you have organic waste in the kitchen that remains in the kitchen for more than 1 day?	
Do you have compost in the garden?	
Do you have an organic waste bin? If yes, where: _____	
Do you run a farm?	
Do you store straw, hay or grain on your farm?	
Do you provide horses, chickens or other animals with litter or silage?	
Do your neighbours run a farm?	
Do you or did you keep birds in the house or at the house or do you have lots of bird droppings on window ledges or nesting birds in or near to the house (parrots, budgies, pigeons, chickens etc.)?	
Do you have direct or indirect contact with a large aviary or a pigeonry?	
Do you or does your partner sleep in down / feather beds?	
Do you play a wind instrument? If yes, which: _____?	

2.7 Please list all types of professional activities (including training, voluntary activities), that you have ever carried out

From	To	Professional activity	Working materials / hazardous substances
<i>Example:</i> 1987	1990	<i>Carpentry apprenticeship: Wood processing, varnishing</i>	<i>Wood dust (oak, spruce, fir), 2 component varnishes of oil base</i>

2.8 Please list all medication (including homoeopathic medication, non-prescription remedies, herbal supplements, phytopharmaceuticals, appetite suppressants, weight loss and Ayurvedic products etc.), that you have taken / take (starting from 5 years before the beginning of symptoms)

From	To	Medication	Reason for prescription
<i>Example: 2014</i>	<i>currently</i>	<i>Valsartan</i>	<i>Increased blood pressure</i>

2.9 Have you taken one of the following medications:

	no	yes	If yes, from when until when?
Amiodarone			
Methotrexate			
Nitrofurantoin			
Antidepressants			

2.10 Have you smoked or do you still smoke? If yes, please enter all times in the table:

From	To	What?	How many per day?
<i>Example: 1987</i>	<i>2007</i>	<i>Cigarettes</i>	<i>15</i>

2.11 Are or were you exposed to a lot of cigarette smoke in enclosed rooms?

yes ☐ no ☐

2.12 Have you ever taken drugs (also cannabis): yes ☐ no ☐

2.13 Which other or pre-existing conditions do / did you have?

Prematurity	
Lung diseases during childhood:_____	
Diabetes	
Autoimmune disease (lupus erythematosus, scleroderma, Sjögren syndrome, Morbus Wegener (GPA), polymyositis, rheumatoid arthritis)	
Strong susceptibility to infection, immunodeficiencies	
Cancerous diseases	
Chronic inflammatory bowel disease (Crohn's disease, ulcerative colitis)	
Psoriasis with affected joints (psoriasis arthritis)	
Hay fever	

High blood pressure	
Weak heart	
Cardiac arrhythmias	
Coronary heart disease / heart attack	
Stroke	
Blood flow disorders of the legs ("peripheral artery occlusive disease", PAOD)	
Lung embolism / deep vein thrombosis in the leg	
Pneumothorax	
Kidney weakness / kidney diseases	
Inflammation of the liver / cirrhosis of the liver	
Reflux disease (GERD) or heartburn	
Chronic infectious diseases (hepatitis B, hepatitis C, HIV)	
Sleep apnoea	
Nervous diseases (epilepsy, depression ...)	
Others important for you:	

2.14 Does your family (parents, siblings, your own children) have any of the following diseases?

Pulmonary fibrosis	
Hypersensitivity alveolitis (birdkeepers' lung, humidifier lung...)	
Lung cancer	
Pulmonary tuberculosis	

2.15 Did you go on any exotic foreign travels during the last 3 years (tropics, North America, Africa, Asia)

yes ☐ no ☐

If yes, where: _____