

# QUESTIONNAIRE FOR LUNG CANCER CT SCREENING

Please complete this brief questionnaire to help identify if you are at high risk for lung cancer. If you meet the recommended criteria you will be offered a Low dose-CT scan which can help to identify concerns within your lungs. This test can be billed to your insurance or is available at a discounted rate of \$159. The results will be given to you by your physician.

Date: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

What is your current age? \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your gender?

Male  Female

Do you have a history of smoking?

Yes  No

Do you currently smoke?

Yes  No

If you have quit, has it been less than 15 years ago?

Yes  No

What is the total number of years you have smoked? \_\_\_\_\_

How many cigarettes smoked per day? \_\_\_\_\_

Has a doctor ever told you that you had:

COPD  Emphysema  Bronchitis  Pneumonia

Have you ever had any type of cancer (excluding basal or squamous cell skin cancer)  Yes  No

Have any of your immediate family (parents, siblings or children) had lung cancer?  Yes  No

Have you had prolonged exposure to second hand smoke?  Yes  No

If yes, explain: \_\_\_\_\_

Please check below any new respiratory symptoms that have appeared in the past 6 months:

Coughing  Wheezing  Shortness of breath  Coughing up blood

You may have exposure to especially hazardous chemicals if you have been engaged in any of the following occupations. Please mark any that apply:

Asbestos worker  Bartender  Ceramic worker

Chemist  Drywall  Glass worker

Manufacturing  Masonry worker  Metal worker

Painter  Printer  Sandblasting

Truck Driving  Uranium mining

To your knowledge have you been exposed to radon, silica, canium, asbestos, arsenic, beryllium, chromium, diesel fumes, or nickel?

Yes  No

Have you had a CT of chest within the past 12 months?

Yes  No

Office Use:

Physician Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

**Reviewing Physician:** Please fax completed questionnaire to James E. Cary Cancer Center  
**Attention: Screening Nurse**  
**Fax: (573) 406-5803**



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