Lung Health Check Questionnaire		Page 1 / 2	
WY&H CA Unique identifier			
Consent			Yes/No
Research Consent Given?			
Data Sharing Consent Given?			
Time (24h)		Appointment Time	
		Arrival Time	
		Time LHC Commenced	
		Time of CT scan	
GP		Name	
		Practice	
		Postcode	
Patient demographics		Forename	
		Last name	
		NHS Number	
		Postcode	
		DOB	
		Ethnicity	
		Age	
Education (select number)	1 = Less than GCSE / O level		
	2 = GCSE / O level		
	3 = A level		
	4 = Some university / college		
	5 = University degree		
	6 = Postgrad / professional		
Measures		Weight (kg)	0.0
		Height (m)	0.00
		BMI	
		FEV1 (litres)	0.00
		% Predicted (FEV1)	0.00
		FVC (litres)	0.00
		% Predicted (FVC)	0.00
		FEV1/FVC	
		Saturations (%)	0
Do you have COPD/emphysema/bronchitis? (yes=1, no=0)			0
Have you ever been diagnosed with cancer? (yes=1, no=0)			0
Detail previous cancer(s)			
Has a first degree relative ever had lung cancer? (yes=1, no=0)			0
If yes - were they aged above or below 60? (below 60 = 1, 60 or above = 0)			
Smoking		Smoking status (former = 0, current = 1)	
		Age start	0
		Age stop (enter current age if still smoking)	0
		Smoking duration (years)	0
		Years since stopping smoking	0

Cigs/day on average	0
Pack years	0.0

Lung Health Check Questionnaire	Page 2 / 2
WY&H CA Unique identifier	0

Lung cancer risk score		% (request CT if more than 1.5%)
CT requested		yes = 1 no = 0
Notes		

Symptoms	**yes = 1 no = 0**
Are you short of breath? (use MRC dyspnoea scale below)	
Do you cough most days/nights?	
How long has the cough been present? (weeks)	
Do you wheeze?	
Do you usually produce phlegm (mucous) from your chest?	
Do you produce a teaspoon or more phlegm (mucous) from your chest most days?	
Have you taken antibiotics or steroid tablets for your chest on more than 1 occasion in the last year?	
Have you coughed up blood in the last year?	
If yes when did you last cough up blood? (weeks ago)	
Have you lost weight in the last few months without wanting to?	
If yes, how much weight have you lost? (kg)	
In the last 3 months have you had angina like chest pain?	
What is your WHO Performance Status? (See scale below)	
Can you recall any job or activity in which you were exposed to asbestos?	
Have you ever been diagnosed with : Pneumonia	
Have you ever been diagnosed with : TB	

Notes	**Smoking Cessation Offered? (Y/N)**
	Specialist Nurse Name & Signature:

MRC dyspnoea scale

1 = Not troubled by breathless except on strenuous exercise

2 = Short of breath when hurrying on a level or when walking up a slight hill

3 = Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace

4 = Stops for breath after walking 100 yards, or after a few minutes on level ground

5 = Too breathless to leave the house, or breathless when dressing/undressing

WHO Performance Status

0 = Asymptomatic (Fully active, able to carry on all predisease activities without restriction)

1 = Symptomatic but completely ambulatory (Restricted in strenuous activity but ambulatory/able to carry out light work)

2 = Symptomatic, <50% in bed/day (Ambulatory/capable self care, unable to work/up and about more than 50% of day)

3 = Symptomatic, >50% in bed, not bedbound (Only limited self-care, confined to bed/chair 50% or more of waking hours)

4 = Bedbound (Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair)

5 = Death