

***SURVEY on Idiopathic interstitial lung disease***

Voluntary reporting form to Hong Kong Thoracic Society / American College of Chest Physicians (Hong Kong & Macau Chapter)

Name of informant: \_\_\_\_\_ Tel No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Correspondence address: \_\_\_\_\_  
\_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

**Patient's particulars:**

Name (initials only): \_\_\_\_\_ (initial of family name first) Sex: M / F  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Your reference no.: \_\_\_\_\_  
Ethnic group: Chinese/ non-Chinese: \_\_\_\_\_

**A. diagnosis (please tick one):**

- 1. Usual interstitial pneumonia (UIP) \_\_\_\_\_
- 2. Desquamative interstitial pneumonia (DIP) \_\_\_\_\_
- 3. Respiratory bronchiolitis interstitial lung disease (RB-ILD) \_\_\_\_\_
- 4. Acute interstitial pneumonia (AIP) \_\_\_\_\_
- 5. Nonspecific interstitial pneumonia (NSIP) \_\_\_\_\_
- 6. Others (please specify) \_\_\_\_\_

**B. Symptoms at first presentation:**

	Severity	Duration of symptoms
Chronic cough	Nil/mild/moderate/severe	____ (years/months/days)
Dyspnoea	Nil/mild/moderate/severe	____ (years/months/days)
Acute respiratory failure	Nil/mild/moderate/severe	Not applicable
Hemoptysis	Nil/mild/moderate/severe	____ (years/months/days)
Decrease exercise tolerance	Nil/mild/moderate/severe	____ (years/months/days)
Incidental CXR finding	Yes/No	Not applicable
Incidental CT finding	Yes/No	Not applicable

**C. Past health:**

- 1. History of tuberculosis Yes / No
- 2. History of other lung diseases (please specify) Yes / No

\_\_\_\_\_  
\_\_\_\_\_

3. History of other medical diseases (please specify) Yes / No  
\_\_\_\_\_  
\_\_\_\_\_
4. Long term medications at presentation (please specify) Yes / No  
\_\_\_\_\_  
\_\_\_\_\_

D. Social history:

1. Occupations (with duration of each if available)
- | Nature | Duration |
|--------|----------|
| _____  | _____    |
| _____  | _____    |
| _____  | _____    |
| _____  | _____    |
2. Smoking history Yes / No  
(number of packs/year in known \_\_\_\_\_)
3. Drinking history Yes / No

E. Investigations at presentation:

Arterial blood gas:  
pH \_\_\_\_\_ pCO<sub>2</sub> \_\_\_\_\_ pO<sub>2</sub> \_\_\_\_\_ HCO<sub>3</sub> \_\_\_\_\_  
RFT:  
Na \_\_\_\_\_ K \_\_\_\_\_ Urea \_\_\_\_\_ Creat. \_\_\_\_\_  
CBP:  
Hb \_\_\_\_\_ WBC \_\_\_\_\_ Plt \_\_\_\_\_  
Immune markers:  
ANF \_\_\_\_\_ RF \_\_\_\_\_ ANCA \_\_\_\_\_  
Others (please specify)  
\_\_\_\_\_  
\_\_\_\_\_

F. Lung function at presentation (please attach photocopy of lung function tests):

Spirometry:  
FEV<sub>1</sub> \_\_\_\_\_ FVC \_\_\_\_\_ PFR \_\_\_\_\_  
Lung volume:  
TLC \_\_\_\_\_ RV \_\_\_\_\_ TV \_\_\_\_\_  
FRV \_\_\_\_\_  
Dlco \_\_\_\_\_

G. HRCT finding

Please attach photocopy of the report of the initial HRCT thorax with this form (please kindly delete the particular of the patient from the photocopy in order to observe the privacy ordinance)

H. Histological finding (essential except diagnosis of UIP)

Please attach photocopy the report of the histology with this form (please kindly delete the particular of the patient from the photocopy in order to observe the privacy ordinance)

I. Current medications

Drug name	dosage	duration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THE END**

**THANK YOU**

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This survey is done by Dr. KS Tang on behalf of Hong Kong Thoracic Society and American College of Chest Physicians (Hong Kong & Macau Chapter). The information collected will be for survey only. Personal data of the patient will be kept strictly confidential. Your cooperation in this survey is very much appreciated. Please return the completed form to Dr. Tang Kam Shing. (Correspondence address: Medical Department, Tuen Mun Hospital, Tuen Mun, N.T. Tel: 24685111 Fax: 24569100 Email: tangks@hutchcity.com)

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