

**SURVEY on malignant mesothelioma**  
**NOT related to occupational exposure to asbestos**

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 particular:** (Please circle the appropriate when applicable.)

Name (Initials only, family name first): \_\_\_\_\_ Sex: M / F  
Date of birth (dd/mm/yy): \_\_\_\_\_ Your reference No. \_\_\_\_\_  
Ethnic group: Chinese (Province: \_\_\_\_\_) / non-Chinese (Country: \_\_\_\_\_)  
Survival status: Alive / Dead with date of death (dd/mm/yy): \_\_\_\_\_

**Diagnosis of malignant mesothelioma:** (Please circle the appropriate when applicable)

Presenting symptom and duration: \_\_\_\_\_  
Site of pleural involvement: left / right / both Was clubbing present? Yes / No  
Tissue diagnosis? Yes / No Date of tissue diagnosis: \_\_\_\_\_  
Histology type: epithelial / sarcomatous / mixed / uncertain

**Patient's occupational history:**

Predominant occupations (industry, job nature and work duration): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exposure to *potentially hazardous* material OR *non-asbestos* fibres: (Please circle the appropriate. For details, please quote the source, nature of material or type(s) of fibre, onset, frequency and duration of exposure) Yes/ No

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-occupational exposure to asbestos:** (Please circle the appropriate. For details, please quote the nature of source, onset, frequency and duration of exposure)

1. Home environment or its vicinity Yes/ No Details: \_\_\_\_\_  
\_\_\_\_\_
2. Leisure activities Yes/ No Details: \_\_\_\_\_  
\_\_\_\_\_

**Smoking history:** (Please circle the appropriate and give details if applicable)

Smoker/ ex-smoker/ non-smoker Cigarette: \_\_\_ pack/day (average) for \_\_\_ years

**Alcoholic history:** (Please circle the appropriate and give details if applicable)

Drinker/ ex-drinker/ non-drinker Type of drinks, average consumption per month and duration: \_\_\_\_\_

**Past Health:** (Please circle the appropriate and give details as far as possible.)

1. Malignancy Yes / No Primary site(s), histology and approximate date(s): \_\_\_\_\_

\_\_\_\_\_

2. Irradiation Yes / No Route and site of administration, dosage and approximate date(s):

\_\_\_\_\_

3. Chemotherapy Yes / No Drug(s) and approximate date(s): \_\_\_\_\_

\_\_\_\_\_

4. Pleural disease Yes / No Diagnosis and approximate date(s) of diagnosis: \_\_\_\_\_

\_\_\_\_\_

5. History of pleurodesis Yes / No Details (site / method / material used): \_\_\_\_\_

\_\_\_\_\_

6. HIV infection Yes/No Approximate date of diagnosis \_\_\_\_\_

**Chronic drug history:** (Please give the names of drugs used for > 3 months)

\_\_\_\_\_

**Family History:** (Please circle the appropriate. For details, please quote the relation, approximate year of onset, age of onset, site of involvement and histology.)

Malignancy in the first-degree relatives Yes / No

Details: \_\_\_\_\_

\_\_\_\_\_

\*\*\* THE END \*\*\*

### THANK YOU

This survey is done by Dr KC Chang on behalf of Hong Kong Thoracic Society / American College of Chest Physicians (Hong Kong & Macau Chapter). The information collected will be used for survey only. Personal data of the patient will be kept confidential. Your cooperation in this survey is very much appreciated. Please return the completed form to Dr KC Chang

(Correspondence address: Pneumoconiosis Clinic, 4/F, Jockey Club Polyclinic, 8, Chai Wan Road, Shaueiwan, Hong Kong. Tel: 25130465 Fax: 29775940 Email: kcchangpnc@hotmail.com )