Questionnaire for the treating physician

1. Patient code [Country initials, date of birth (day/month/year), patient initials (last name/first name)] Example: MEX28/12/1950/AD

Argentina: ARG

Bolivia: BOL

Chile: CHL

Colombia: COL

Costa Rica: CRI

Mexico: MEX

Panama: PAN

Peru: PER

Dominican Republic: DOM

Venezuela: VEN

_____

2. Weight (kilograms)
   _____

3. Height (Meters)
   _____

4. Age in years of onset of symptoms
   _____

5. Age in years at diagnosis
   _____

6. Definitive diagnosis made by:
- ☐ By clinical data
- ☐ Clinical data and biopsy

7. (you can select more than one)

- ☐ Diabetes mellitus
- ☐ Systemic arterial hypertension
- ☐ Gastroesophageal reflux disease
- ☐ Pulmonary hypertension
- ☐ Major depression
- ☐ Lung cancer
- ☐ Cardiac valve disease
- ☐ Cardiac arrhythmias
- ☐ None

Recent respiratory function tests, no more than 3 months old

8. Specify reference values used

   _____

9. FVC liters

   _____

10. FVC percent predicted

    _____

11. FEV1 liters

    _____

12. FEV1 percent predicted

    _____

13. REL FEV1/FVC percent predicted

    _____

14. DLCO liters

    _____

15. DLCO percent predicted

_____

Six-minute walk

16. Meters walked

_____

17. Oxygen use during walking

- Yes
- No

18. How many liters/minute?

_____

19. % Saturation at rest

_____

20. % Saturation post-exercise

_____

21. Specify treatment (you can select more than one)

- Pirfenidone
- Nintedanib
- Mycophenolate mofetil
- Azathioprine
- N-Acetylcysteine
- Supplemental oxygen
- Palliatives (morphine and/or benzodiazepines)
- No treatment
- Psychological therapy

22. Specify treatment time in months

_____

23. Mark the adverse effects to the medication that your patient presents (you can select more than one)

- ☐ Nausea
- ☐ Fever
- ☐ Diarrhea
- ☐ Fatigue
- ☐ Photosensitivity
- ☐ Dyspepsia
- ☐ Anorexia
- ☐ Hypersensitivity skin reactions
- ☐ Toxic syndrome, electrocardiogram changes
- ☐ None