



SARCOIDOSIS QUESTIONNAIRE

Client _____ Age/DOB _____

When was Sarcoidosis diagnosed? _____

Check symptoms & organs affected (check all that apply):

- GENERAL (fever, fatigue, weight loss, night sweats, malaise)
- LUNGS (cough, shortness of breath, chest pain)
- LYMPH NODES (enlarged lymph nodes or spleen)
- LIVER
- KIDNEYS
- HEART (weak heart beat, shortness of breath, leg swelling, palpitations)
- BRAIN & NERVOUS SYSTEM (headaches, visual problems, weakness/numbness of arm or leg, facial palsy)
- SKIN (painful or red bumps, discoloration of nose, cheeks, lips or ears, & brown painless skin patches)
- BONES, JOINTS, MUSCLES (joint pain, mass in muscle, muscle weakness, arthritis)
- EYES (burning, itching, tearing, pain, red eye, light sensitivity, dryness, floaters, blurred vision)
- SINUSES, NASAL MUCOSA & LARYNX (sinusitis, hoarseness, shortness of breath)
- OTHER ORGANS (Details: _____)
- NONE

Stage by most recent chest x-ray, if known:

- Stage 0
- Stage I (enlarged lymph nodes, otherwise clear lungs)
- Stage II (enlarged lymph nodes & shadows (infiltrates) in the lungs)
- Stage III (shadows (infiltrates) in the lungs, but lymph nodes no longer seen)
- Stage IV (scar tissue in the lung tissue)

Check type of current treatment (check all that apply):

- Oral steroid (Prednisone)
- Injectable or inhaled steroid
- Steroid eye drops
- Antimalarial (Hydroxychloroquine, Plaquenil, Chloroquine, Aralen)
- Immunosuppressant (Methothrexate, Trexall, CellCept, Imuran, Cytoxan)
- Other
- None

If in remission (no symptoms & no treatment), date of remission? _____

FEV1 from spirometry during stable period, if known: _____

FVC from spirometry during stable period, if known: _____

Have there been any hospitalizations, ER visits, Urgent Care visits or acute physician office visits in the past 2 years due to Sarcoidosis? YES NO

If yes, dates & details: _____

Any history of related disability or functional limitations? YES NO

If yes, dates & details: _____

Any complications (check all that apply):

- Osteoporosis
- Pulmonary Fibrosis
- Pulmonary Hypertension
- Arrhythmia
- Fungal lung infections
- Blindness
- Paralysis (Details: _____)
- Elevated calcium
- Kidney stones
- Organ failure or transplant (Details: _____)

Do you currently use any type of nicotine/tobacco products? YES NO

If yes, type of tobacco used? Cigarettes Cigars Chew Pipe Patch/gum

Have you ever used nicotine/tobacco in the past? YES NO

Type used & date quit: _____

Any other major health impairments? _____

List all medications & dosages? _____