

Assessment of Safety of Air Travel in Patients With Pulmonary Langerhans Cell Histiocytosis

NCT03052101

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Research Protocol

PLCH Survey

You have been invited to participate in this research project because you have been diagnosed with Pulmonary Langerhans Cell Histiocytosis (PLCH).

This research project is being conducted by investigators in the Rare Lung Disease Consortium, a NIH funded organization consisting of multiple physicians and scientists dedicated to improving outcomes in rare lung diseases. This project is led by Dr. Abhishek Singla. The purpose of this research project is to gather information on lung collapse (pneumothorax) and the safety of air travel in patients with PLCH. In addition we aim to establish a contact registry to try to answer subsequent questions through this network of patients.

The procedure involves filling out an online survey that will take approximately 15 minutes. Your responses will be confidential, and you may choose to skip any questions that you do not want to answer, including your name and contact information if you wish to remain anonymous. If you choose provide it, your name and contact information will not be included in our data analyses. Although your participation in this research may not benefit you personally, it will help us understand how people live with PLCH, and guide future research directions.

Your participation in this research study is voluntary and you can choose not to participate. You can withdraw at any time even if you decide to participate in this research project. If you decide that you do not want to complete this survey, just close your browser.

We will do all we can to maintain confidentiality of your data. In order to keep your information confidential, all data is stored in a password protected electronic format in REDCap--an online data management system designed to protect research data. The clinical information collected for this study will be stored in a computer database at the University of Cincinnati (UC), the Cincinnati Children's Hospital Medical Center (CCHMC) and a federal data repository at the University of South Florida in Tampa, FL. A data repository provides a way for researchers to store the information collected during the research study for future research studies. The data management center at CCHMC and UC use several layers of protection for the clinical data stored in its computer database. It meets all of the local and federal security requirements for research datacenters. Your information is stored only using a study ID.

If you have any questions or concerns about participating in this project, please contact Elizabeth Kopras at koprasedj@uc.edu or 513-558-7205.

Please call the University of Cincinnati Medical Institutional Review Board at 513-558-5259 (Monday - Friday 8 am to 5 pm) if you:

- Have general questions about giving consent or your rights as a research participant in this research study.**

- **Have questions, concerns, or complaints about the research.**
- **Cannot reach the research team or you want to talk to someone else about this research project.**
- **Think the research has hurt you.**

To report complaints or concerns to an independent agency in an anonymous and confidential manner, please call the Research Compliance Hotline at 1-800-889-1547.

Thank you,

Abhishek Singla, MD

ELECTRONIC CONSENT: Please select your choice below.

- Agree
- Disagree

I would like to participate in this research study.

Clicking on the "agree" button indicates that:

- You have read the information above
- You voluntarily agree to participate

We request your permission to retain your name and contact information in a Patient Registry so that we can contact you for other studies. Rare diseases are difficult to study. Creating a Patient Registry will improve our ability to conduct research projects that can improve our understanding and management of PLCH. You can fill out this online survey without agreeing to participate in the Patient Registry.

- Yes, I agree that you may include my information in the Patient Registry, and contact me in the future to participate in other research studies.
- No, I do not want my information included in the Patient Registry. I do not want to be contacted for additional studies.

I would prefer to be contacted by:

- E-mail
- Telephone
- Regular mail

First Name
(optional)

Last Name
(optional)

Email address
(optional)

Phone number
(optional)

Gender

- Female
- Male

Ethnicity

- Hispanic
- Non-Hispanic
- Unknown
- Prefer not to answer

- Race
- Black or African American
 - White or Caucasian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - Other
 - Prefer not to answer

- Which of the following best describes your highest achieved education level?
- Graduate degree (Masters, Doctorate, etc.)
 - Bachelor's degree
 - Associate degree
 - Some College, no degree
 - High school graduate, no college
 - Less than a high school diploma

Date of Birth
(Please enter the date in Month/Day/Year format)

PLCH HISTORY

What was the approximate date when the symptoms or signs that you now know to be due to PLCH begin?

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

What was the approximate date that you were diagnosed with PLCH?
(This could be before or after the start of your symptoms)

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

What was the first sign or symptom of PLCH that led to your diagnosis?
(Check all that apply)

- No symptoms, was diagnosed on Chest X-Ray or CT scan incidentally
- Shortness of breath
- Cough
- Coughing up blood (hemoptysis)
- Collapsed lung (pneumothorax)
- Chest pain
- Fever
- Excessive sweating
- Weight loss (> 10 percent of usual weight)
- Increased thirst or urination (Diabetes Insipidus)
- Bone lesions or bone pain
- Skin rash or lesions
- Enlarged lymph nodes
- Fatigue
- Other

If you selected 'other', please specify:

How long after your symptom onset were you diagnosed with PLCH?

- Less than 6 months
- 6 months - 1 year
- 1-2 years
- 2-3 years
- 3 years or more
- I had no symptoms before I was diagnosed

How was your diagnosis of PLCH made?
(Check all that apply)

- Chest X-ray
 CT scan
 Bronchoscopy
 Lung Biopsy by surgery
 Biopsy of other tissue, Please specify below
 Other

If you selected other, please specify:

What manifestations of PLCH have you had, either past or present?
(Check all that apply)

- Cystic or bullous lung lesions (blebs)
 Personal history of pneumothorax (collapsed lung)
 Coughing up blood (hemoptysis)
 Chest pain
 Weight loss (> 10 percent of usual weight)
 Increased thirst or urination (Diabetes Insipidus)
 Pulmonary hypertension
 Bone lesions or bone pain
 Enlarged lymph nodes
 Fever, sweats, and/or chills
 Fatigue
 Other

If you selected other, please specify

Prior to the correct diagnosis of PLCH, were you incorrectly diagnosed with a different disorder?

- Yes
 No

If Yes, which incorrect diagnosis were you given

- Asthma
 COPD or Emphysema
 LAM (Lymphangioliomyomatosis)
 Lung Cancer
 Other
 Unsure/ Don't know

If you selected other, please specify

BREATHING PROBLEMS

Do you use supplemental oxygen for your symptoms?

- Yes
 No

If yes, to what extent do you use supplemental oxygen?

- Continuously
 With exercise only
 With sleep only
 With sleep and exercise only

What is the flow rate (liters/minute) of supplemental oxygen that you usually use with activity?

What is the flow rate (liters/minute) of supplemental oxygen that you usually use at rest?

What is the flow rate (liters/minute) of supplemental oxygen that you usually use during sleep?

Do you get short of breath with activity?

- Yes
 No
-

The following best describes my shortness of breath?

- Not troubled by shortness of breath except with strenuous exercise
 Short of breath when hurrying on level ground or walking up a slight hill
 I walk slower than most people on the level, stop after a mile or so, or stop after 15 minutes when walking at my own pace
 I stop for breath after walking about 100 yards or after a few minutes on level ground
 I am too breathless to leave the house, or breathless when dressing
-

Do you routinely use respiratory inhalers or bronchodilators?

- Yes
 No
-

Besides PLCH what other lung problems do you have? (Check all that apply)

- Asthma
 Pneumonia
 Emphysema/COPD
 Lung Cancer
 Other lung disease
 None
-

If you answered yes to 'Other diseases', please specify

What other symptoms do you have from your lung disease? (Check all that may apply)

- Cough
 Coughing up blood
 Chest pain
 Other
-

If you selected other, please describe:

Have you ever had a lung function test (PFT)?

- Yes
 Never had lung function testing
 Unsure/Don't remember

- This tests determine how much air your lungs can hold and how quickly you can move air in and out of your lungs.

How often do you have assessment of your lung function?

- Every 3 - 6 months
 Every 6 -12 months
 Every 1-2 years
 Less frequently than every two years
 Don't have regular lung function testing
 Unsure/Don't know
 Other
-

If you selected other, please specify

When was your last lung function test (PFT)?

- Please enter the date in Month/Day/Year format.

 (If you don't remember the date, an estimate is fine.)

What was your lung function (FEV-1) on your most recent test?

- More than 80%
 50-80%
 Less than 50%
 Don't remember

FEV-1 is the Forced expiratory volume at timed intervals of 1.0 second

SMOKING HISTORY

Are you currently a cigarette smoker?

- Yes
 No

If not, did you smoke cigarettes in the past?

- Yes- Quit
 No- Never Smoked

If you smoke or used to smoke cigarettes, please estimate the number of years that you smoked?

If you smoke or used to smoke cigarettes, how many cigarettes did you smoke in an average day? (1 pack= 20 cigarettes)

When did you quit smoking cigarettes?

- Please enter the date in Month/Day/Year format.

_____ (If you don't remember the date, an estimate is fine.)

If you have quit smoking cigarettes, was there a reason that contributed to stopping smoking? Check all that apply.

- Pneumothorax (collapsed lung)
 Coughing up blood (hemoptysis)
 Shortness of breath
 Cost
 Concern about promoting disease progression
 Other

If you selected 'Other' for the reason you quit smoking, please specify:

What happened to your symptoms after quitting smoking?

- Improved
 Worsened
 No Change

Was there a change in your Chest X-Ray or CT scan after you quit smoking?

- Yes, improvement
 Yes, worsening
 No, stayed the same
 Don't know/Not sure

Was there a change in your lung function after you quit smoking?

- Yes, improvement
 Yes, worsening
 No, stayed the same
 Don't know/Not sure

Do you smoke marijuana?

- Yes, currently I smoke marijuana
 Used to smoke in past but quit
 No
 Prefer not to answer

If you smoke or used to smoke marijuana, how often do or did you smoke?

- Every day
 1-2 times a week
 1-2 times a month
 Other

If you selected Other, please specify

TREATMENT HISTORY

Have you received any medication(s) other than inhalers for PLCH?

- Yes
 No

If yes, please tell the name of the medication (check all that apply)

- Chronic steroids directed at PLCH and not COPD (prednisone or Medrol)
 Cladarabine (2-CDA)
 Vemurafenib
 Dabrafenib
 Vincristine
 Clofarabine
 Cytarabine
 Other
 Don't know/Unsure

If you selected Other, please specify other medications

If you received PLCH treatment, what happened to your symptoms after treatment?

- Improved
 Worsened
 No Change

If you received PLCH treatment, what happened to your Chest X-Ray or CT scan after treatment?

- Improved
 Worsened
 No Change
 Don't know/Not sure

If you recieved PLCH treatment, what happened to your lung function tests after treatment?

- Improved
 Worsened
 No Change
 Don't know/Not sure

Have you had a lung or a heart lung-transplant evaluation?

- Yes
 No

Please check your current status.

- Being evaluated but not currently listed
 Listed for a lung or a heart lung-transplant
 Denied lung or a heart lung-transplant
 Undergone lung or a heart lung-transplant

If you were not considered for lung transplant, what were the reason(s)? (check all that apply)

- Active smoking
 Underweight or overweight
 Age
 Other medical reasons
 Other

Please specify your other reasons:

If you have undergone transplant, please list the type of transplant and year it was done.

Right lung: Approximate date (M-D-Y)

Left lung: Approximate date (M-D-Y)

Both lungs: Approximate date (M-D-Y)

Heart and Lung: Approximate date (M-D-Y)

Where was the transplant done (which hospital)?

FAMILY HISTORY

Do you have family member(s) who also have PLCH ?

- Yes
 No
 Don't Know

(PLCH is not known to run in families)

If Yes, please specify the affected family member or members:
(Check all that apply)

- Mother
 Father
 Sibling (s)
 Grandparent (s)
 Children
 Others

If you selected Others, please specify:

PNEUMOTHORAX (COLLAPSED LUNG) QUESTIONS

Have you ever had a collapsed lung (pneumothorax)?

- Yes
 No

If yes, how many episodes of pneumothorax have you had?

- 1
 2
 3
 4
 5
 6
 More than 6

What symptoms of pneumothorax did you experience?
(Check all that apply).

- Chest pain
 Chest Pressure
 Coughing up blood (Hemoptysis)
 Shortness of Breath
 Shoulder pain/back pain
 Nausea
 Dizziness
 Unusual fatigue
 Drop in oxygen saturation
 Blue hands or nails
 Anxiety
 Other
 None

Please specify your other symptoms:

Were you diagnosed with PLCH before the first episode
of collapsed lung (pneumothorax)?

- Yes
 No

How many episodes of pneumothorax did you have prior
to the diagnosis of PLCH?

- 1
 2
 3
 4
 5
 6
 More than 6

For each episode of collapsed lung (pneumothorax), please indicate the following (location and timing)

	Right	Left	Bilateral
1st Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date of first pneumothorax

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

Date of second pneumothorax

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

Date of third pneumothorax

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

Date of fourth pneumothorax

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

Date of fifth pneumothorax

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

Date of sixth pneumothorax

- Please enter the date in Month/Day/Year format.

(If you don't remember the date, an estimate is fine.)

Were you an active smoker (cigarettes and/or marijuana) at the time of the pneumothorax?

	Yes - Cigarettes	Yes - Marijuana	Yes - Both cigarettes and marijuana	No	Unsure
1st Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What were you doing at the time you had the pneumothorax?

	Resting	Sleeping	Light work / Walking	Heavy work / Exercising	Flying	Deep water diving	Undergoi ng medical procedure	Others
1st Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify the medical procedure or others if applicable:

Did you have any of the following factors in the 2 weeks prior to the pneumothorax?

	Neck or Chest trauma	Air travel	Deep water diving	None
1st Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3rd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How was pneumothorax diagnosed?

	Chest X-ray	CT Scan	Other
1st Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Other, Please specify:

How long were you hospitalized for the pneumothorax?

	Not hospitalized	< 1 day	3-7 days	1-2 weeks	> 2 weeks
1st Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How was each episode of your pneumothorax treated?

(Please check all that apply for each episode)

Pleurodesis is a procedure in which the lung is fused to the chest wall. This can be done by surgery (Surgical Pleurodesis) or instilling chemicals such as talc, bleomycin, tetracycline or povidone-iodine (called Chemical Pleurodesis).

	Observation	Needle aspiration	Chest tube	Chemical Pleurodesis	Surgical Pleurodesis	Don't Know or Unsure
1st Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you had chemical pleurodesis, what type of chemical was used for the procedure?

	Talc	Bleomycin	Minocycline or doxycycline	Povidone-Iodine	Other	Don't know / unsure
1st Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify if any other chemical was used _____

FLIGHT HISTORY

Have you ever flown by airplane?

- Yes
 No

Are you a member of one or more airline frequent flyer programs

- Yes
 No

How often do you fly, on average?

- Once every 12 months
 Once every 6 months
 Once every 2-3 months
 Once every month
 Rarely
 Never
 Other

If other, please specify _____

Approximately how many flights have you taken since you were diagnosed with PLCH? _____

How many of these flights were inter-continental? _____

Do you avoid air travel due to your lung disease?

- Yes
 No

Why do you avoid flying?

- Physician's advice
 My own assessment of risk of flying
 Reasons unrelated to my PLCH
 Other reasons

If you selected other above, please specify _____

How has your flight frequency changed after you were diagnosed with PLCH?

- No change
 Decreased frequency
 Increased frequency
 Completely Stopped

Have you ever used supplemental oxygen in flight?

- Yes
 No

Have you ever experienced any of the following during air travel
 (Developed only after getting on the flight)?

(check all that apply)

- Shortness of breath
 Nausea
 Dizziness
 Chest pain
 Chest pressure
 Unusual fatigue
 Drop in oxygen saturation, by oximetry
 Headache
 Blue hands or nails
 Coughing up blood (Hemoptysis)
 Anxiety
 None of above

FLIGHT-RELATED PNEUMOTHORAX

We want to know if traveling by airplane has any relationship to your episodes of pneumothorax (collapsed lung). The following questions ask about relationships between flying and pneumothorax, and also ask about your treatment if you had problems during your flights.

Did you ever have a collapsed lung (pneumothorax) during a flight or within a month of an air travel?

- Yes
 No
 Don't know

When do you feel that the each of these pneumothorax happened in relation to flight?

	During a flight	Within 24 hours of flight	1-2 days after flight	3-7 days after flight	1-2 weeks after flight	2-4 weeks after flight	After 4 weeks of flight	Don't know
1st Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2nd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3rd Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6th Pneumothorax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions for first flight related pneumothorax (during or within 2 days of a flight)

If you had a collapsed lung during a flight, what were the symptoms that you might have experienced? (Check all that apply).

- Chest pain
- Chest Pressure
- Coughing up blood (Hemoptysis)
- Shortness of Breath
- Shoulder pain/back pain
- Nausea
- Dizziness
- Unusual fatigue
- Drop in oxygen saturation
- Blue hands or nails
- Anxiety
- Other

If other, please specify

What specific kind of plane did you board when you had the first flight related pneumothorax?

- Propeller plane
- Small or Regional Jet
- Large or Full sized Jet
- Don't remember

Please specify the boarding city of the flight on which this pneumothorax happened

Please specify the destination city of the flight on which this pneumothorax happened

How long was the flight that was associated with your pneumothorax (estimated hours)?

Was this a non-stop flight?

- Yes
- No

If no, how many connections did you make on that day?

- 1
- 2
- 3
- More than 3

On which segment do you think the pneumothorax happened?

- 1st
- 2nd
- 3rd
- Other

If other, please specify

At what point in the flight do you feel that your pneumothorax occurred?

- Prior to take off
- Ascending
- Cruise Altitude
- Descending
- After landing

Did you have any symptoms 24-48 hours prior to getting on the plane that were different from or worse than your usual symptoms of PLCH?

- Yes
- No

If yes, please describe

Was PLCH diagnosed prior to the flight related pneumothorax? Yes
 No

Was the flight crew aware you were having difficulty? Yes
 No

How were you managed on the plane?
 No treatment
 Oxygen supplementation
 Emergency plane landing
 Other

If other, please specify _____

Were you hospitalized as a consequence of the flight related pneumothorax? Yes
 No

If yes, how many days did you stay in the hospital?
 Less than 1 day
 1-2 days
 3-7 days
 1-2 weeks
 More than 2 weeks

What treatment did you receive for this pneumothorax? (check all that apply)
 Observation
 Needle aspiration
 Chest tube
 Chemical pleurodesis
 Surgical pleurodesis
 Other

Please specify other treatments _____

OTHER QUESTIONS

How many days after a pneumothorax were you told it was safe to fly?
 No recommendations given
 One day
 1 week
 2 weeks
 1 month
 >1 month
 Told to avoid flying in the future
 Didnot have a pneumothorax

Will you take flights in future? Yes
 No
 Only if it's an emergency

Is there anything else that you would like to tell us about air flight issues or PLCH?

Have you reviewed your answers?

Yes

No

Scrolling may change your answers accidentally, depending on which internet browser you use. Please take a moment to review your answers before hitting the submit button below.

Thank you.