

Appendix A

Questionnaire assessing the level of awareness towards the main interstitial lung diseases (ILD) among primary health care physicians in ACeS Baixo Vouga

- 1) As a GP, I feel that I have sufficient knowledge about ILD for what my duties are.
 True False I do not know
- 2) The term “pulmonary fibrosis” is a specific pathological entity.
 True False I do not know
- 3) I am familiarized with the diagnosis of Hypersensitivity pneumonitis (HP).
 True False I do not know
- 4) Taking oral medications can never cause ILD.
 True False I do not know
- 5) I know what inspiratory “velcro-like” crackles are.
 True False I do not know
- 6) ILD is always fibrotic.
 True False I do not know
- 7) FEV1 is the most important parameter to monitor IPF.
 True False I do not know
- 8) All interstitial diseases require lung biopsy for a safe diagnosis.
 True False I do not know
- 9) Sarcoidosis is a disease clearly associated with older age.
 True False I do not know
- 10) Patients with fibrosing ILD always benefit from inhaled bronchodilator therapy.
 True False I do not know
- 11) Hypersensitivity pneumonitis (HP) is always a disease with good prognosis.
 True False I do not know
- 12) In the presence of a heavy smoker with inspiratory velcro-like crackles and digital clubbing, the first priority should be to exclude heart failure with echocardiogram before doing a chest CT.
 True False I do not know
- 13) Pulmonary fibrosis can sometimes be caused by connective tissue diseases such as rheumatoid arthritis and systemic sclerosis.
 True False I do not know

- 14) The follow-up with high-resolution chest CT can substitute the assessment of pulmonary function in the monitoring of IPF.
 True False I do not know
- 15) Smoking cessation is no longer beneficial if the patient already has IPF.
 True False I do not know
- 16) A dedicated chest CT protocol is not generally needed for the investigation of ILD.
 True False I do not know
- 17) It is impossible to distinguish heart failure from IPF merely based on the type of lung crackles.
 True False I do not know
- 18) Patients with ILD should have an annual flu vaccination and anti-pneumococcal immunization.
 True False I do not know
- 19) An initial corticosteroids run is always recommended in the diverse types of fibrosing ILD, including IPF.
 True False I do not know
- 20) The use of pirfenidone and nintedanib is recommended in IPF.
 True False I do not know
- 21) As with patients with bronchial asthma and COPD, patients with some fibrosing ILD (eg. IPF and PH) may have exacerbations of their disease.
 True False I do not know
- 22) Respiratory rehabilitation is only formally indicated in patients with COPD.
 True False I do not know
- 23) Functional tests are useful to distinguish the type of ILD.
 True False I do not know
- 24) Antifibrotic drugs can cure IPF.
 True False I do not know
- 25) Significant weight loss and anorexia are not frequent in fibrosing ILD, only in lung cancer.
 True False I do not know
- 26) A patient with IPF has a higher risk of lung cancer than a smoker without the disease.
 True False I do not know
- 27) The exposure to avian and fungal antigens can be associated with bronchial asthma, but not with the development of ILD.

- True False I do not know
- 28) Nitrofurantoin and amiodarone are among the drugs most associated with lung toxicity.
 True False I do not know
- 29) Sarcoidosis, like IPF, is a disease that involves only the lung.
 True False I do not know
- 30) In Hypersensitivity pneumonitis (HP), anti-inflammatory treatment may result in improvement of the disease but the avoidance of the relevant antigen can not.
 True False I do not know
- 31) The existence of pulmonary hypertension increases the risk of death in some fibrosing ILDs.
 True False I do not know
- 32) It is not possible for the patient to have more than one ILD at the same time.
 True False I do not know
- 33) Sarcoidosis can present with fever, erythema nodosum, arthritis, dry cough, asthenia and mediastinal and hilar adenopathies.
 True False I do not know
- 34) Exposure to plastics, resins and glues can be associated with the emergence of bronchial asthma but not with ILDs.
 True False I do not know
- 35) Palliative care should also be offered to patients with IPF.
 True False I do not know
- 36) The only ILD seen in workers in the primary and secondary sectors are silicosis, asbestosis or pneumoconiosis of coal workers.
 True False I do not know
- 37) Ischemic heart disease and sleep apnea can negatively impact IPF but reflux disease and anxiety disorder do not.
 True False I do not know
- 38) After the correct diagnosis, patients with ILD should be followed up:
 only in hospital
 in complementarity by both pulmonology and primary care