



Massachusetts Thoracic Society Speakers Bureau Questionnaire

CONTACT INFORMATION

Name _____

Affiliated Institution _____

Position/Title _____

Street Address _____

City/State/Zip _____

Telephone _____ FAX _____

E-Mail Address _____

Education/Degree/Profession _____ MD _____ DO _____ PA _____ NP _____ RN
_____ RRT _____ CRT _____ PT _____ Other (please identify) _____

AREAS OF INTEREST

Please check topics about which you would be interested in speaking.

___ 1. **Asthma** ___ Adult, ___ Pediatric, ___ Diagnosis, ___ Drug Therapy, ___ Environmental Issues, ___ Other (please specify) _____

___ 2. **COPD** ___ Emphysema, ___ Chronic Bronchitis, ___ A₁AD,
___ Other (please specify) _____

___ 3. **Occupational Lung Disease** ___ Respiratory surveillance in the workplace,
___ Occupational asthma, ___ Occupational lung cancer,
___ Other (please specify) _____

___ 4. **Environmental Lung Disease** ___ Indoor air pollution, ___ Outdoor air pollution,
___ Other (please specify) _____

___ 5. **Infectious Lung Disease** ___ Pneumonia, ___ Legionnaire's Disease, ___ Influenza,
___ Other (please specify) _____

___ **6. Antibiotics and Lung Disease**

___ **7. Tuberculosis** ___ Pathogenesis, ___ Diagnostic Procedures, ___ Treatment and Management, ___ Other (please specify) _____

___ **8. HIV/AIDS** ___ Diagnosis, ___ Treatment and Management, ___ Pulmonary Manifestations, ___ Other (please specify) _____

___ **9. Interstitial Lung Disease** ___ Diagnosis, ___ Treatment

___ **10. Pulmonary Hypertension** ___ Cor pulmonale, ___ Thromboembolism

___ **11. Pediatric Lung Disease** ___ RDS, ___ BPD, ___ SIDS, ___ RVS, ___ Aspiration of Foreign Bodies, ___ Cystic Fibrosis, ___ Asthma, ___ Other (please specify) _____

___ **12. Pulmonary Manifestations of Medical Diseases** ___ Sarcoidosis, ___ CF, ___ Sickle Cell Anemia, ___ the Aging Lung, ___ Other (please specify) _____

___ **13. Cancer of the Lung** ___ Diagnostic Procedures, ___ Staging, ___ Therapy, ___ Other (please specify) _____

___ **14. Thoracic Surgery** ___ Lung Resection, ___ Lung Volume Reduction, ___ Lung Transplantation, ___ Other (please specify) _____

___ **15. Critical Care Medicine** ___ Respiratory Failure, ___ ARDS, ___ Chest Trauma, ___ Pain Management, ___ End of Life Issues, ___ Other (please specify) _____

___ **16. Mechanical Ventilation**

___ **17. Smoking and Smoking Cessation** ___ Medical Risks, ___ Second-Hand Smoke, ___ Cigar Smoking, ___ Other (please specify) _____

___ **18. Other Respiratory Problems** ___ Sleep Apnea/Polysomnography, ___ Foreign Body Aspiration, ___ Near Drowning, ___ Smoke Inhalation, ___ Hyperbaric O₂ Therapy, ___ Other (please specify) _____

19. **Pulmonary Rehabilitation**

20. **Medical, Ethical/Legal Issues**

21. **Radiology of the Lung**

22. **Bronchoscopy/Invasive Diagnostic and Therapeutic Procedures**

23. **Patient Education** Energy Conservation (ADL's), Sexual Dysfunction,
 Other (please specify) _____

24. **Advocacy**

If you are interested in other topics not listed, please write them in: _____

Please check all audiences to which you would be willing to speak:

- | | |
|--|--|
| <input type="checkbox"/> Primary Care Physicians | <input type="checkbox"/> Pulmonary Patients/Families |
| <input type="checkbox"/> Pulmonary Specialists | <input type="checkbox"/> Lung Association Staff & Volunteers |
| <input type="checkbox"/> Emergency Medical Personnel | <input type="checkbox"/> General Public |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> K-12 Students |
| <input type="checkbox"/> Respiratory Therapists | |

We often receive requests from the media asking to interview someone on topics such as air pollution, smoking, asthma, and lung disease. Would you be willing to be a media representative/spokesperson for the Massachusetts Thoracic Society and/or the American Lung Association of Massachusetts? Check one: Yes No

If yes, for which outlets:

- radio
 TV
 newspaper/magazine
 testify at legislative hearings

THANK YOU FOR YOUR INTEREST IN THE MTS SPEAKERS BUREAU.

Send completed questionnaire to:
Cathy Flood, Massachusetts Thoracic Society
460 Totten Pond Road, Suite 400, Waltham, MA 02451
781-890-4280 (fax) or cflood@lungma.org