

PULMONARY QUESTIONNAIRE

Please describe your main concern today:

Please answer the following questions:

How long have you had these symptoms?

Has the respiratory problem: improved worsened stayed the same

On a scale of 0-5 (0 is not at all 5 is intolerable) how badly does your problem bother you?

Does anything make the problem better? Yes No

Does anything make the problem worse? Yes No

Have you changed your lifestyle or activities because of your respiratory problem? Yes No

If yes, explain:

Do you have a cough? Yes No

If yes, do you cough anything up? Yes No

If yes, describe what you are coughing up: _____

Do you cough up blood? Yes No

Do you have a problem with acid reflux (heartburn)? Yes No

Do you have a problem with sinus or post-nasal drip? Yes No

Are you short of breath? Yes No

Does it occur at rest? Yes No

Does it occur with walking? Yes No

Climbing flight of stairs? Yes No. How far can you walk on level ground before you are winded?

Do you wheeze? Yes No

Can you lie flat at night to sleep? Yes No

Do you get chest pain when you exercise or work hard? Yes No

Other history:

Place of birth: _____ Have you traveled out of the country recently? Yes No

If yes, where did you travel to? _____

Do you have a history of, or have you been exposed to, tuberculosis (TB)? Yes No

If yes, please explain: _____

Do you have any pets or other animals? Yes No

If yes, please describe: _____

Have you ever smoked anything besides cigarettes? Yes No

If yes, what and for how long? _____

Have you been in the hospital because of breathing problems? Yes No

If yes, please describe: _____

Please list your jobs and any exposure to asbestos, fumes, toxins, heavy metals, grinding, solvents, etc.:

Job or hobby: Dates: Dust/fume exposure and symptoms, if any: