

PULMONARY QUESTIONNAIRE

Cough:

- Do you usually cough first thing in the morning? Yes No
- Do you usually cough after going to bed at night? Yes No
- Do you cough every day for at least three months of the year? Yes No
- How long have you had this cough? _____ # of Days _____ # of Weeks _____ # of Months
- Do you bring up phlegm or sputum when you cough? Yes No
- Have you ever coughed up blood? Yes No
- Did you see a doctor about this? Yes No
- Do you wake at night with an acid sour taste in your mouth? Yes No
- Do you wake up with a sore throat in the morning? Yes No
- Do you experience burning chest pain, especially when lying down? Yes No

Wheezing/Asthma:

- Have you ever noticed whistling or wheezing in your chest? Yes _____ No _____
- If yes, how frequently? Daily Weekly Monthly After Colds Only
- Is your wheezing more common during a particular season? Yes No Which Season? _____
- Is your wheezing related to any of the following? (Check all that apply)
- House Dust Animals Deep Breaths Cough Meals
- Have you ever gone to the Emergency Room for Asthma? Yes No
- How often do you have an attack? _____

Sinus

- Do you have postnasal drip? Yes No
- Do you frequently have tenderness in your cheekbones? Yes No

Chart #: _____