Name: _____ Date: _____

Respiratory History Questionnaire

Check all left column items that you have experienced since your last visit OR circle N/A. For those symptoms you have experienced, please circle corresponding items in the right hand column as applicable.

☐ Bronchitis N/A ☐ Pneumonia, ☐ Sinus infection	When? Treated with antibiotic? Y N Which antibiotic? _____ Treated with steroids, prednisone, steroid dose pack? Y N For how long?
☐ Hospitalized: respiratory or heart issues N/A	When? Which hospital? Condition, if known?
☐ Shortness of breath N/A	Mild Moderate Severe At rest With activity Triggered by: walking walking quickly walking up stairs making a bed taking a shower walking up an incline carrying packages/laundry basket eating dressing almost any activity Relieved by: resting slowing down inhaler oxygen
☐ Cough N/A	Mild Moderate Severe Started _____ days, weeks, months ago Quality: tickles spasm-like deep harsh barking painful persistent Sputum or phlegm? Y N Has it gotten: better worse unchanged Color: clear white yellow green tan brown bloody red Triggered by: dust mold pollens trees cats dogs food swallowing cold air dry heat humidity exercise postnasal drip unknown other _____ Relieved by: lozenges OTC cough suppressant Rx meds inhaler other
☐ Wheezing N/A	Mild Moderate Severe For how long? _____ days, weeks, months, years Frequency: _____ times per day, night, week Occurs: rest activity both Triggering activities or exposures? _____ Relieved by: rest inhaler nebulizer
☐ Chest pain N/A	(mild) 1 2 3 4 5 (severe) Duration _____ seconds, minutes, hours Occurs during: deep breathing coughing exertion movement Location in chest: left center right upper lower Moves to: left arm shoulder neck jaw
Nighttime N/A ☐ shortness of breath ☐ coughing ☐ wheezing	Does it awaken you? Y N What time? _____ Frequency _____ x per week Use of: inhaler nebulizer Occurs when lying flat? Y N
☐ Ankle swelling N/A	Mild Moderate Severe Use of diuretic? Y N
☐ Allergic symptoms N/A	Seasonal (fall or spring) Year round Triggered by: _____ Symptoms: sneezing runny nose itchy eyes post nasal drip hives itching Sinus pain/tenderness nasal congestion (clear, white, yellow) hoarseness
☐ Use of rescue inhaler N/A	Frequency of use: _____ times per day, week, month Rarely use Use of: saline nasal spray Afrin OTC nasal sprays air purifier
☐ Sleep issues N/A	Wake up feeling refreshed? Y N Excessive daytime tiredness? Y N Do you snore? Y N Previous sleep study? Y N Insomnia restless legs morning headaches frequent naps teeth grinding
☐ Exercise N/A	Regularly? Y N How many times per week? _____ Walking treadmill bicycle elliptical swimming weights

Medication refills needed?

Name: _____ **Date:** _____

Symptom Questionnaire

Circle all that apply

General	**fever sweats chills weight gain weight loss fatigue**
Eyes	**pain burning itching redness conjunctivitis blurred vision decreased vision dry eyes glaucoma**
Ears	**change in hearing ear pain ear congestion ringing in the ears ear drainage**
Nose	**nasal congestion nasal stuffiness nasal discharge loss of sense of smell nose bleeds**
Mouth/Throat	**mouth ulcers thrush sore throat dry mouth swallowing difficulty neck swelling**
Cardiac	**chest pain with exertion chest pain radiating to arm or jaw palpitations calf pain when walking**
GI	**loss of appetite reflux or heartburn nausea vomiting diarrhea constipation tarry stools abdominal pain blood in stool**
GU	**frequent urination nighttime urination pain on urination blood in urine pain over kidneys incontinence stress incontinence**
Musculo-skeletal	**joint pain or arthritis swollen joints muscle weakness muscle tenderness bone pain difficulty walking use of a cane/walker/wheelchair**
Skin	**rashes hives ulcers cellulitis skin growths**
Neurologic	**headache dizziness lightheadedness numbness or chronic pain fainting**
Psychiatric	**depression anxiety bipolar disorder non prescribed drug abuse alcohol abuse**
Endocrine	**diabetes elevated blood sugars thyroid disease hormone therapy hot air or cold intolerance testosterone therapy hot flashes**
Hematologic	**anemia bleeding bruising swollen lymph glands transfusions**
Immune System	**Allergies: seasonal dust pollen mold ragweed trees grasses cats dogs foods** **Receiving: allergy shots chemotherapy chronic steroids radiation**

Recent cancer diagnosis?