Pulmonary Questionnaire

(Patient label here – office use)

Please describe your main lung or breathing concern today:

____________________________________________________________________________________

Please answer the following questions.

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

Shortness of breath:

How far can you walk without having to stop due to shortness of breath? ____________________________
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? ____________________________
If yes, please describe: ____________________________

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.:

<table>
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<tr>
<th>Job or hobby:</th>
<th>Dates:</th>
<th>Dust/fume exposure and symptoms, if any:</th>
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Review of symptoms - Please check any of the following that you’ve had within the last 30 days.

Constitutional:

☐ Fever
☐ Night sweat
☐ Weight loss
☐ Weight gain

Gastrointestinal:

☐ Nausea or vomiting
☐ Abdominal pain
☐ Diarrhea
☐ Blood in stool
☐ Heartburn, acid reflux

Genitourinary:

☐ Blood in urine

Musculoskeletal:

☐ Joint pain, swelling
☐ Muscle pain or weakness

Skin:

☐ New skin lump
☐ Rash

☐ Changes in vision
☐ Trouble swallowing
☐ Neck lump or mass
☐ Persistent hoarseness

Cardiovascular:

☐ Palpitations, rapid heart rate
☐ Ankle or leg swelling

Neurologic:

☐ Dizziness, lightheadedness

DO NOT SEND FOR SCANNING