

Do you cough up sputum (phlegm) ? yes/no

If yes, how much ?

Color _____

less than 1 teaspoon per day

less than 1 tablespoon per day

less than 1 ounce per day

less than 1 cup per day

Do you wheeze? yes/no

If yes, how often?

sometimes without a cold
most days or nights

only with a cold
sometimes with a cold

Have you ever gone to pulmonary rehabilitation (exercise) program? yes/no

When _____

Where _____

Have you ever been hospitalized or undergone surgery? yes/ no

If yes, why were you in hospital

Name- hospital

Year

If yes, why were you in hospital	Name- hospital	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been on a respirator (breathing machine)? yes/no

If yes, when and for how long ? _____

Family History of Illness

Father: (_____) _____

First Name Illness

Brother (s) _____

Mother: (_____) _____

First Name Illness

Sister (s) _____

Do you drink alcohol? yes/no

If yes, how often? daily weekly occasionally

Are you allergic to any medicines? yes/ no

If yes, what? _____

Have you ever taken prednisone? yes/ no

If yes, how much, how long and when ? _____

Circle the **ONE** which best describes how you are feeling now. The scale goes from **BEST** to **WORST**.

- 0 Not troubled with breathlessness except with strenuous exertion.
- 1 Troubled by shortness of breath when hurrying on the level or up a slight hill.
- 2 Walks slower than people the same age on the level because of breathlessness or has to stop for breath when walking at own pace on the level.
- 3 Stops for breath after walking about 100 yards or after a few minutes on the level.
- 4 Too breathless to leave the house or breathless when dressing and undressing.
- 5 Short of breath at rest

List all medications you are currently taking:

Medication	Dose	Number of times per day	How long ?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

