# Pulmonary Questionnaire

KAISER PERMANENTE®

(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?_____

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: |
|---|---|---|
| | | |

**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

**Eyes/Ears/Nose/Throat:**
_____ Changes in vision
_____ Trouble swallowing
_____ Neck lump or mass
_____ Persistent hoarseness

**Cardiovascular:**
_____ Palpitations, rapid heart rate
_____ Ankle or leg swelling

**Neurologic:**
_____ Dizziness, lightheadedness

**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

**DO NOT SEND FOR SCANNING**