
PULMONARY AND MEDICINE ASSOCIATES, P.C.
RESPIRATORY HISTORY

NAME: _____

Date of Birth: _____ Date: _____

1. SHORTNESS OF BREATH

___ for 1 month ___ for 1 year ___ over 1 year
___ daily ___ weekly ___ monthly
___ severe ___ moderately ___ mild

AGGRAVATED BY:

___ climbing stairs
___ walking on level ground
___ walking up a slight hill
___ walking with people your own age
___ lying down or sleeping in bed

2. COUGH

___ deep in chest
___ clearing the throat only
___ for 1 month ___ for 1 year ___ over 1 year

CONDITION OF:

___ when lying down
___ when arising in the morning
___ at night ___ during the day

ACCOMPANIED BY:

___ green, yellow, or discolored phlegm
___ bloody or blood-streaked phlegm
___ heavy phlegm
___ coughs phlegm on arising
___ coughs phlegm 3 weeks at a time
___ spasms of cough

3. WHEEZING

___ for 1 month
___ daily ___ weekly ___ monthly
___ wheezes on exertion
___ severe ___ moderately severe ___ mild
___ coughs on exertion

4. SMOKING

___ never smoked
___ cigarettes ___ cigar ___ pipe
___ inhale ___ do not inhale
___ ½ pack per day ___ 2 packs ___ more than 2 packs
Age started: _____ Age stopped: _____

5. OTHER SYMPTOMS

___ exertional chest pain ___ chest pain with deep breathing
___ diarrhea
___ sneezing
___ difficulty in swallowing ___ hoarseness
___ leg swelling
___ loss of appetite ___ weight loss
___ fever ___ chills ___ night sweats

6. COLDS

___ have a cold now
Number of colds per year: _____
___ more winter colds
___ chest colds
___ difficulty in shaking colds

7. PAST HISTORY OF:

___ drug allergy
___ other allergies ___ skin test
___ chest operation
___ chest injury
___ broken ribs
___ asthma ___ family history of asthma
___ bronchitis ___ bronchiectasis
___ emphysema ___ blood clots
___ pneumonia
___ fungus disease of the lung
___ sarcoidosis
___ sinus trouble ___ hay fever
___ pleurisy
___ lung cancer ___ other cancer
___ collapsed lung
___ tuberculosis ___ TB skin test Year: _____
Year of last Chest Xray: _____

8. SLEEP

___ wake up feeling tired or not rested
___ fall asleep while watching TV
___ fall asleep while driving
___ nap during the day
___ difficulty falling asleep
___ snoring
___ told by bed partner that you have difficulty breathing at night.
___ fall out of bed during sleep
___ walk during sleep
___ have unusual movements during sleep
___ wake up with headache
___ feel unable to move when waking up
___ memory problems
___ problem with depression
___ get up at night to urinate