

Questionnaire for at-risk respiratory patients.

Patient name: _____ Date of assessment: _____

PLEASE ANSWER THE QUESTIONS BELOW

Has the patient been diagnosed with:	<ul style="list-style-type: none"> ▪ Bronchiectasis? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ COPD? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Neuromuscular condition? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Disorder of the diaphragm? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many times has the patient been prescribed antibiotics for lung infections or pneumonia in the last year?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Has the patient had a CT of their chest in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where was the CT scan completed? _____ Approximate date of the scan? _____
Has the patient had a persistent productive cough, and if so for how long?	<input type="checkbox"/> No <input type="checkbox"/> Yes — for 1–5 months <input type="checkbox"/> Yes — for 6+ months
Has the patient tried airway clearance therapy in the past?	<ul style="list-style-type: none"> ▪ Chest physical therapy (cupped hands pat chest to thin secretions or sputum) <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Huff coughing or postural drainage techniques <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ PEP device (Flutter Valve, Acapella, Aerobika) <input type="checkbox"/> Yes <input type="checkbox"/> No – If Yes, have they had another lung infection? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the patient interested in learning more about an additional therapy the doctor could recommend to help with the challenges discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current healthcare provider information:

Primary care physician _____

Pulmonologist _____

Home health agency _____

Additional comments:

Name of representative completing survey: _____

Company name: _____