

Yes or No

Further Comment on Positive  
Answers

Pneumonia

\_\_\_\_\_

Tuberculosis

\_\_\_\_\_

Chest Surgery

\_\_\_\_\_

Other Lung Problems

\_\_\_\_\_

Heart Disease

\_\_\_\_\_

Do you have:

Yes or No

Further Comment on Positive  
Answers

Frequent colds

\_\_\_\_\_

Chronic cough

\_\_\_\_\_

Shortness of breath  
when walking or  
climbing one flight  
or stairs

\_\_\_\_\_

Do you:

Wheeze

\_\_\_\_\_

Cough up phlegm

\_\_\_\_\_

Smoke cigarettes

\_\_\_\_\_

Packs per day \_\_\_\_\_ How many years \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_