

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 _____