

CHRONIC COUGH FORM

Name _____ Date of Birth _____ Today's Date _____

Is the main reason you are here Chronic Cough? _____; if so, for how many years? _____

When your cough began, had you had a respiratory infection, cold the flu, or other illness? _____

Have you had a chest x-ray within the last two years? _____; was it normal? _____

Have you seen a pulmonologist (lung doctor)? _____; if so, provide her/his name and address here:

Are you on a blood pressure medicine? _____; if so, which & dose? _____

KOUFMAN CHRONIC COUGH INDEX (R=Reflux, N=Neurogenic)

Comments

- | | | | |
|---|-----|-----|-------|
| Do you awaken from a sound sleep coughing violently? How often? With trouble breathing? | Yes | No | _____ |
| Do you have choking episodes when you cannot get enough air, gasping for air? If so, how often? | Yes | No | _____ |
| Do you usually cough when you lie down into the bed, or when you just lie down to rest? | Yes | No | _____ |
| Do you usually cough after meals or eating? | Yes | No | _____ |
| Do you cough when (or after) you bend over? | Yes | No | _____ |
| Do you more-or-less cough all day long? | No | Yes | _____ |
| Does change of temperature make you cough? | No | Yes | _____ |
| Does laughing or chuckling cause you to cough? | No | Yes | _____ |
| Do fumes (perfumes, automobile fumes, burned toast, etc.) cause you to cough? | No | Yes | _____ |
| Does speaking, singing, or talking on the phone cause you to cough? | No | Yes | _____ |

R ___ I ___ N