

# CHRONIC COUGH QUESTIONNAIRE

This questionnaire is for adult patients who have been coughing longer than 8 weeks. Your responses to the questionnaire are intended to facilitate a discussion with your healthcare provider, and not to provide any type of diagnosis. Answering the questions below may help your healthcare provider to better understand your experience. **If you have any health concerns, please consult your healthcare provider.**

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**STEP 1:** If you've been coughing longer than 8 weeks, answer the questions below by marking your selection with an **X** and/or supplying the requested information.

**1. How long have you had a cough?**

\_\_\_ Months    \_\_\_ Years

**2. How often do you experience a cough or a coughing episode (a sudden period of coughing)? (Choose one)**

- Once a day
- More than once a day
- A few times a week
- Less than once a week

**3. Which of these describes your experience with smoking? (Choose all that apply)**

- I have never smoked
- I smoked in the past, but I quit 15 or less years ago
- I smoked in the past, and I quit more than 15 years ago
- I have smoked 1 pack of cigarettes per day for 30+ years
- I currently smoke for how long? \_\_\_\_\_  
How many cigarettes a day? \_\_\_\_\_

**4. If you have experience with smoking, have you noticed any of the following? (Choose all that apply)**

- My cough is new or has changed recently
- My voice has changed recently

**5. Have you recently experienced any of the following symptoms?**

- Hoarseness
- Trouble swallowing when eating or drinking
- Trouble breathing at night or at rest
- Coughing up blood
- Fever
- Swollen legs
- Weight loss (unexplained)
- Vomiting
- Recurring pneumonia

**6. Have you recently experienced any of these other symptoms? (Choose all that apply)**

- For patients with asthma: wheezing and/or chest tightness
- Mucus draining from the nose down the back of your throat
- Stuffy nose
- Sore throat
- Heartburn or a sour taste in your mouth
- Urinary incontinence (not being able to hold your urine)
- Other

**DESCRIBE YOUR MEDICAL HISTORY:**

**7. Are you currently taking an angiotensin-converting enzyme (ACE) inhibitor (a medicine that lowers your blood pressure)? Examples include *lisinopril, enalapril, or ramipril***

- Yes
- No

**8. Have you recently had a chest x-ray?**

- Yes
- No

**9. Have you recently had a Pulmonary Function Test (PFT)?**

- Yes
- No

**10. Have you been tested for tuberculosis?**

- Yes
- No
- I don't know

**IMPORTANT:** If any of the options are selected, please refer immediately to your healthcare provider for assessment.

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11. Have you been tested, diagnosed, and/or treated for any of the following? (Choose all that apply)

## Asthma

- Tested
- Diagnosed
- Treated
- I don't know

## GERD (gastroesophageal reflux disease)/heartburn

- Tested
- Diagnosed
- Treated
- I don't know

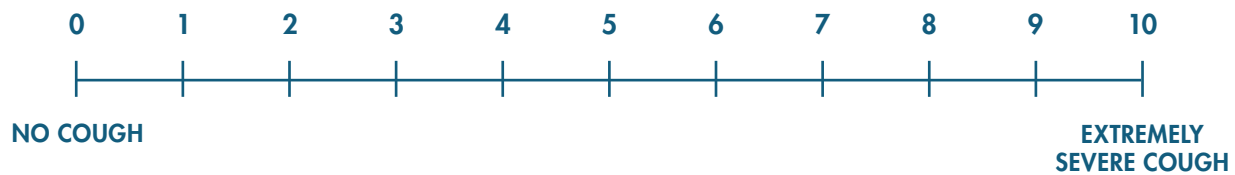
UACS (upper airway cough syndrome, formerly called postnasal drip syndrome or PNDS)

- Tested
- Diagnosed
- Treated
- I don't know

## NAEB (non-asthmatic eosinophilic bronchitis)

- Tested
- Diagnosed
- Treated
- I don't know

12. Please rate how severe your cough has been over the past week, between 0 and 10. Zero represents "no cough" and 10 "extremely severe cough." Think about how frequent or how strong your cough has been. Please rate by circling the number below.



**STEP 2:** Share your responses with your healthcare provider. Sharing your experience and your medical history with your healthcare provider is important.

Your responses to the questionnaire are intended to aid in the discussion with your healthcare provider, and not to provide a medical diagnosis.

Discover more at [www.msd-gesundheit.ch/en/chronic-cough](http://www.msd-gesundheit.ch/en/chronic-cough) or scan this QR code:

