

Cough Symptoms History:

How long have you had the cough:	_____
What triggers your cough?	_____
Is the cough wet or dry?	Wet / dry
Is it a throat-clearing cough?	Yes / No
Does it feel like the cough is coming from the throat or the chest/lung area?	Throat / Chest / Lungs
Are you coughing up blood or mucous?	Yes / No
Is the cough worse during certain times of the day?	Yes (Day / Night) / No
Does your cough get worse after you lie down?	Yes / No
Does your cough wake you up from your sleep?	Yes / No
Does your cough worsen during certain seasons?	Yes (Spring / Summer / Fall / Winter) / No
Do you get sinus infectious?	Yes / N If yes, # per year: _____
Do you snore	Yes / No
Have you had a chest x-ray?	Yes / No If yes, location & date: _____
Have you had a Sinus CT scan?	Yes / No If yes, location & date: _____
Have you seen any other specialists for this cough?	Yes / No If yes, specialty: _____
Have you taken any medications for the cough? (e.g. Prednisone)	Yes / No If yes, did it help? Yes / No

Fill out the sections that address any other symptoms you experience:

YES	NO	Symptoms	YES	NO	Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	Stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>	Sinus pressure
<input type="checkbox"/>	<input type="checkbox"/>	Runny nose	<input type="checkbox"/>	<input type="checkbox"/>	Pain, chronic
<input type="checkbox"/>	<input type="checkbox"/>	Itchy nose/ears/eyes	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent headaches
<input type="checkbox"/>	<input type="checkbox"/>	Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	Chest / throat tightness
<input type="checkbox"/>	<input type="checkbox"/>	Drainage down the throat	<input type="checkbox"/>	<input type="checkbox"/>	Ear popping / plugging
<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	Change in smell or taste
<input type="checkbox"/>	<input type="checkbox"/>	Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Heartburn or reflux issues