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## Pulmonary Function Test Long History Form

Employee: \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

These questions pertain mainly to your chest. Please answer "yes" or "no," if possible (if you are in doubt about whether the answer is "yes" or "no," record "no").

### COUGH

1. Do you usually have a cough? (Count a cough with first smoke or on first going out of doors. Exclude clearing of throat.) 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes

A. Do you usually cough as much as four (4) to six (6) times a day, four (4) or more days out of the week?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

B. Do you usually cough at all on getting up, or first thing in the morning?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

C. Do you usually cough at all during the rest of the day or at night?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to A, B, or C

Do you usually cough like this on most days for three (3) consecutive months or more during the year?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

For how many years have you had this cough?      Number of years \_\_\_\_\_

### PHLEGM

2.A Do you usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose. Count swallowed phlegm.)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 2.A

B. Do you usually bring up phlegm like this as much as twice a day, four (4) or more days out of the week?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

C. Do you usually bring up phlegm at all on getting up, or first thing in the morning?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

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B. Do you usually bring up phlegm at all during the rest of the day or at night?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to B, C, or D

Do you usually bring up phlegm like this on most days for three (3) consecutive months or more during the year?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

For how many years have you had trouble with phlegm?      Number of years \_\_\_\_\_

### EPISODES OF COUGH AND PHLEGM

3. Have you had episodes of (increased\*) cough and phlegm lasting for three (3) weeks or more each year?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 3.

A. For how long have you had at least one (1) such episode per year?

Number of years \_\_\_\_\_

### WHEEZING

4. Does your chest ever sound wheezy or whistling:

A. When you have a cold?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

B. Occasionally apart from colds?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 4.A. or 4.B.

C. On most days or nights?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

D. For how many years has this been present?      Number of years \_\_\_\_\_

5.A. Have you ever had an attack of wheezing that has made you feel short of breath?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 5.A.

B. How old were you when you had your first such attack?      Age in years \_\_\_\_\_

C. Have you had two (2) or more such episodes?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

D. Have you ever required medicine for the(se) attack(s)?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

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**SHORTNESS OF BREATH**

6. Are you disabled from walking by any condition other than heart or lung disease?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes

A. Please describe below the nature of the(se) conditions.

If yes to 6. skip 7.A – 7.F.

7.A Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 7.A.

B. Do you have to walk slower than people of your own age on the level because of breathlessness?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

C. Do you ever have to stop for breath when walking at your own pace on the level?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

D. Do you ever have to stop for breath after walking about 100 yards (or after a few minutes) on the level?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

E. Are you too breathless to leave the house or breathless on dressing and undressing?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

F. For how long have you been this short of breath?      Number of years \_\_\_\_\_

**CHEST ILLNESSES**

8.A. During the past three (3) years, have you had any chest illnesses that have kept you off work, indoors, at home, or in bed?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 8.A.

B. Did you produce phlegm with any of these illnesses?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

C. In the last three (3) years, how many such illnesses with (increased) phlegm, did you have which lasted a week or more?

Number of illnesses \_\_\_\_\_

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If any "yes" to #2, use "increased". If all "no" to #2, delete "increased".

9. Have you ever had any of the following?

A. Attacks of bronchitis?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 9.A.

Was it confirmed by a doctor?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age was your first attack?

Age in years \_\_\_\_\_

B. Pneumonia (include bronchopneumonia)?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 9.B.

Was it confirmed by a doctor?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age was your first contact it?

Age in years \_\_\_\_\_

C. Hay fever?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 9.C.

Was it confirmed by a doctor?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age did it start?

Age in years \_\_\_\_\_

D. Sinus trouble?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 9.D.

Was it confirmed by a doctor?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age did it start?

Age in years \_\_\_\_\_

Pulmonary Tuberculosis?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 9.E.

Was it confirmed by a doctor?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age did it start?

Age in years \_\_\_\_\_

10. Have you ever had chronic bronchitis?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

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If yes to 10.

Do you still have it? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

Was it confirmed by a doctor? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age did it start? Age in years \_\_\_\_\_

11. Have you ever had emphysema? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 11.

Do you still have it? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

Was it confirmed by a doctor? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age did it start? Age in years \_\_\_\_\_

12. Have you ever had asthma? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes to 12.

Do you still have it? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

Was it confirmed by a doctor? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

At what age did it start? Age in years \_\_\_\_\_

If you no longer have it, at what age did it stop? Age stopped \_\_\_\_\_

Do you currently require medicine or treatment for Asthma?  
1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

**PAST ILLNESSES**

13. Have you ever had (if Yes, please specify)?

A. Any other chest illness? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes, please specify

B. Any chest operations? 1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes, please specify

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C. Any chest injuries?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If yes, please specify

**CIGARETTE SMOKING**

14.A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime, or less than one (1) cigarette a day for one (1) year.)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If no, skip to Question 15.A.

14.B. Do you now smoke cigarettes? (As of one (1) month ago)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If no to 14.B.,

How old were you when you stopped?

Age stopped \_\_\_\_\_

14.C. How old were you when you first started regular cigarette smoking?

Age in years \_\_\_\_\_

14.D. How many cigarettes do you smoke per day now? (Or how many were you smoking when you quit. Record more than 98 as "99").

Cigarettes per day \_\_\_\_\_

14.E. On the average, over the entire time you smoked, how many cigarettes did you smoke per day?

Cigarettes per day \_\_\_\_\_

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14.F. Do you or did you inhale the cigarette smoke?

\_\_\_\_\_

0—not at all  
1—slightly  
2—moderately  
3—deeply  
Please answer (0, 1, 2, or 3)

14.G. Do you or did you smoke filter cigarettes?

\_\_\_\_\_

0—never  
1—less than + the time  
2—about + the time  
3—more than + the time  
4—always  
Please answer (0, 1, 2, 3, or 4)

14.H. Approximately how long has it been since you smoked?

Hours \_\_\_\_\_

**PIPE SMOKING**

15.A. Have you ever smoked a pipe regularly? (Yes means more than 12 oz. of tobacco in a lifetime)

1. Yes \_\_\_\_ 2. No \_\_\_\_\_

If no, skip to Question 16.A.

15.B. Do you now smoke a pipe regularly? (As of one (1) ago)

1. Yes \_\_\_\_ 2. No \_\_\_\_\_

If no, answer 15.C.

15.C How old were you when you stopped? Age stopped \_\_\_\_\_

15.D. How old were you when you started smoking a pipe regularly?

Age in years \_\_\_\_\_

15.E. On the average, over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?  
(A standard pack of tobacco contains 1.5 oz..)

Oz.. per week \_\_\_\_\_

15.F. How much pipe tobacco are you smoking now?

Oz.. per week \_\_\_\_\_

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15.G. Do you or did you inhale the pipe smoke?

\_\_\_\_\_

0—not at all  
1—slightly  
2—moderately  
3—deeply  
Please answer (0, 1, 2, or 3)

**CIGAR SMOKING**

16.A. Have you ever smoked cigars regularly? (Yes means more than one (1) cigar a week for a year)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If no, questionnaire is complete.

16.B. Do you now smoke cigars now regularly? (As of one (1) month ago)

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

If no, answer 16.C.

16.C. How old were you when you stopped?

Age stopped \_\_\_\_\_

16.D. How old were you when you started smoking cigars regularly?

Age in years \_\_\_\_\_

16.E. On the average, over the entire time you smoked cigars, how many cigars did you smoke per week?

Cigars per week \_\_\_\_\_

16.F. How many cigars are you smoking now?

Cigars per week \_\_\_\_\_

16.G. Do you or did you inhale the cigar smoke?

\_\_\_\_\_

0—not at all  
1—slightly  
2—moderately  
3—deeply  
Please answer (0, 1, 2, or 3)