VOCAL CORD DYSFUNCTION/ BREATHING QUESTIONNAIRE

Describe the nature of your present breathing difficulty

• What does it feel like?_______________________________________________________
  ____________________________________________________________________________

• When did it start?___________________________________________________________
  ____________________________________________________________________________

Do you have diagnosed asthma? yes/no

If yes, how and when was it diagnosed?

If so, does your breathing problem feel the same as asthma? yes/no

If no, how is it different?_____________________________________________________

Do your inhalers work for your breathing problems? yes/no

If yes, how long does it take the inhaler to work?

Does your breathing problem come on slowly or suddenly?

What kinds of things trigger a breathing difficulty event?
  ___ exercise
  ___ sports
  ___ nighttime (lying down)
  ___ sitting around
  ___ stress (work/school/family)
  ___ coughing
  ___ other, describe:_________________________________________________________

How often does an event happen? (every day, every week, every month. . .)

How long is a typical event? (number of minutes)

When was your last event?

Do you feel a tightness in your
  ___ throat
  ___ chest
  ___ both
  ___ other, describe:________________________________________________________

I have the most trouble with
  ___ inhaling
  ___ exhaling
  ___ both

Does your throat make a noise when you have trouble breathing? yes/no

What does it sound like?_____________________________________________________
Have you ever passed out?

Do you have numbness or tingling around your lips/fingertips when you have trouble breathing?

Have you ever been treated in the ER for this breathing difficulty? yes/no
If so, how many times?

Does anything help you when you have trouble breathing? yes/no

What helps?___________________________________________________________________________

How quickly can you resume your activity after a breathing difficulty episode?

When you resume your activity, does the breathing problem come back? yes/no

Does this condition limit your activities or lifestyle? yes/no

Do you have allergies? If so, please list your allergies:____________________________________
_____________________________________________________
_____________________________________________________

Were your allergies diagnosed by an allergist? yes/no

Does the quality of your voice change when you have a breathing event? yes/no

Describe the change:____________________________________________________________________

Have you ever experienced voice hoarseness? yes/no     How often? ___________________________

Did your voice change begin with the onset this breathing difficulty? yes/no

Have you had any voice changes with the use of inhalers? yes/no

Do you have any of the following symptoms/behaviors? Check any that apply:

__Tickle in the throat
__Burning/acid sensation
__Globus/lump in the throat
__Trouble swallowing
__Chronic cough/throat clearing
__Regurgitation
__Pain with swallowing
__Sensation of mucous or phlegm in the throat
__Dry mouth or throat
__Heartburn
__Frequently eating late at night
__Recurring sore throat
__Frequent burping/smelly burps
__"morning" voice (worse in the morning)
__Choking sensation
__Bitter taste in mouth

Please list any surgeries with the dates (approximate, if difficult to recall):
Please list other medical conditions for which you have been or are currently being treated:

Please list all prescription and over the counter medications that you take:

**Lifestyle**

*Smoking history (or exposure to smoking):*

*Alcohol usage per day or week:*

*Caffeine consumption per day:*

*Eating schedule/habits:*

*What do you do at work or home on a regular basis?*

*Do you consider your work away or at home stressful? yes/no*

*Describe:*

*Do you play any sports? If so, which ones?*

*Do you think you get enough exercise? yes/no*

*How would you describe your physical fitness?*

*Are you being seen by a medical specialist other than your primary physician? yes/no*

*If so, whom:*