Cough

1. How long have you been coughing?
   a. Just today
   b. For a few days
   c. For a week
   d. For one to four weeks
   e. For more than a month

2. How would you describe the cough?
   a. A cough from a scratchy throat
   b. A cough that is part of a cold
   c. A cough from congested lungs
   d. A deep cough
   e. None of the above

3. How often are you coughing?
   a. Constantly
   b. In spasms that come and go
   c. Infrequently but steadily
   d. None of the above

4. Does the cough prevent you from sleeping at night?
   a. Yes
   b. No

5. What other symptoms have you experienced with the cough?
   a. Runny nose
   b. Blocked sinuses
   b. Sore throat
   c. Swollen glands
   d. Chest pain
   e. Headache
   f. None of the above

6. Do you have fever?
   a. Yes, I have a low fever (less than 101 degrees)
   b. Yes, I have high fever (101 degrees or higher)
   c. No, I do not have fever
   d. I don't know

7. Are you coughing up any mucus?
   a. No, it's a dry cough
   b.I am coughing up a little bit of mucus
   c. I am coughing up a lot of mucus

8. What is the appearance of the mucus?
   a. I am swallowing everything I cough up.
   b.The mucus is thin
   c. The mucus is thick
   d. The mucus is brown or reddish in color.

No

Yes

9. Do you have any of the following?
   a. Unexpected weight loss
   b. Sweating at night
   c. Loss of appetite
   d. Fatigue
   e. None of the above

10. Do you smoke?
    a. Yes
    b. Sometimes
    c. No

No

11. Did you used to smoke?
    a. I smoked in the past but quit
    b. I smoked in the past, but not regularly
    c. I have never smoked

Yes

12. Are there people you know with similar symptoms?
    a. Yes
    b. No
    c. I am not sure

13. Are you experiencing any of the following?
    a. Frequent heartburn
    b. Coughing more after eating
    c. Coughing more when lying .
    d. Coughing more after exercise
    e. None of the above.

14. Are you having any difficulty breathing?
    a. Yes
    b. No

Yes

15. Please describe what kind of difficulty you are having breathing.

No

16. Is your coughing worse when you are exposed to pollen, dust, or other things in the environment?
    a. Yes
    b. No
    c. I don't know

17. Have you been treated for a similar cough in the past?
    a. Yes
    b. No

Yes

18. What treatments have worked in the past? What has not worked?

No

19. Have you ever been diagnosed with asthma, bronchitis, or other lung disease?
    a. Yes
    b. No
    c. I am not sure

Yes

20. Please enter a few details about your earlier diagnosis and treatment, if any.

Other

21. Have you recently started on any medications for your heart or for blood pressure
    a. Yes
    b. No
    c. I am not sure

22. Have you recently been hospitalized?
    a. Yes
    b. No

No

Yes

23. Please enter a few details about when and why you were hospitalized?

24. Anything else to add?

End

Are you pregnant?
   a. I am pregnant.**
   b. I am confident that I am not pregnant.
   c, I think I might be pregnant.**

Yellow highlighted questions appear in multiple templates and are built with a generic naming convention