

QUESTIONNAIRE FOR POSSIBLE AFFLOVEST

Patient Name: _____ Date of Assessment: _____

Circle the answer that applies to the questions below:

1. Have you been diagnosed with:

- Pneumonia/Bronchiectasis? Yes No
- COPD? Yes No
- If yes, do you have mucus plugging Yes No
- Neuromuscular condition? Yes No

 If yes, what condition? _____

- Disorder of the Diaphragm? Yes No

2. How many times have you been prescribed antibiotics for lung infections or pneumonia in the last year? (Circle one)

1 2 3 4 5

3. Have you had a CT of your chest in the last 10 years? Yes No

 If yes, where was the CT scan completed? _____

 Approximate date of the scan? _____

4. Have you had a persistent productive cough for 6 continuous months? Yes No

5. Have you tried airway clearance therapy in the past?

- Chest Physical Therapy (cupped hands pat chest to thin secretions or sputum) Yes No
- Huff Coughing or Postural Drainage Techniques Yes No
- PEP Device (Flutter Valve, Acapella, Aerobika) Yes No

If yes, have you had another lung infection? Yes No

Current Healthcare Provider information:

Primary Care Physician

Pulmonologist

Home Health Agency

Additional Comments:

