University of Wisconsin-Madison

# Voice & Swallow Clinics

## Medical Intake Form for Breathing/Cough Patients (re-visit)

Date_____

MRN (Staff Input) _____

Name:_____

Date of Birth:_____ Age:_____

- Please indicate if your occupation has changed since your initial visit.
  Occupation_____ Circle: full-time / part-time / unemployed / retired / disabled

- **Primary concern today:**
  - □ Breathing
  - □ Cough
  - □ Other: _____

**1. <u>Current breathing/cough concerns/ symptoms:</u>**

- Has your breathing/cough changed since your last evaluation? □ Yes □ No
  *If yes, please describe:*

- Are there any events or circumstances which you associate with the improvement or deterioration in your voice since your initial evaluation?

| Event | Has made my voice | | | |
|---|---|---|---|---|
| Breathing/cough therapy | □ Better | □ No Change | □ Worse | □ Not applicable |
| Change of diet | □ Better | □ No Change | □ Worse | □ Not applicable |
| Stopped smoking | □ Better | □ No Change | □ Worse | □ Not applicable |
| Change in medications | □ Better | □ No Change | □ Worse | □ Not applicable |
| Other: _____ | □ Better | □ No Change | □ Worse | □ Not applicable |

*Continued on next page*

**2. Current concerns/symptoms:**

- How often do your breathing/cough episodes occur? (please check appropriate boxes)

| | During Awake hours | | During Sleeping hours | |
|---|---|---|---|---|
| | Once | Multiple times | Once | Multiple times |
| Daily | | | | |
| Weekly | | | | |
| Monthly | | | | |
| Every 6 months | | | | |
| Yearly | | | | |

- When was your last event?_____ (month, year)
- How long is a typical event? _____ minutes
- How long does it take for your symptoms to resolve? _____ minutes / hours / days (circle one)
- If your symptoms are triggered by exercise, how long can you typically exercise before the symptoms begin?

  _____
- How quickly can you resume your activity after an event? _____minutes
- When you resume your activity does the problem come back? □ Yes □ No □ Sometimes
- Does anything help you when you have trouble breathing or coughing? □ Yes □ No

  If yes, please describe_____
- Describe in your own words what it feels like when your episodes occur:

  _____
- Have you stopped doing any of these activities because of your difficulties with your breathing, cough or throat clearing? □ Work □ Social □ Physical □ None □ Other_____

**3. Medical History:**

- Have you worked with a speech pathologist for your breathing/coughing concern? □ Never □ Yes, in the past □ Yes, currently

  *If yes, please describe:*

  Number of sessions _____ (#/wk) for the period of time _____(months)

  Length of each session _____ (minutes)

  Service provider _____ location (city, state)_____

  Approximate date when therapy started _____ when therapy ended_____

  Goals of therapy_____

  Was the therapy beneficial? □ Yes □ No
- How much of the following do you consume?

| | | | | | |
|---|---|---|---|---|---|
| Water | □ None | □ 1 cup/day | □ 2-4 cups/day | □ 5-8 cups/day | □ More than 8 cups/day |
| Caffeinated beverages | □ None | □ 1 cup/day | □ 2-4 cups/day | □ 5-8 cups/day | □ More than 8 cups/day |
| Carbonated beverages | □ None | □ 1 cup/day | □ 2-4 cups/day | □ 5-8 cups/day | □ More than 8 cups/day |

- How often do you have a drink containing alcohol?
  - □ Never
  - □ Monthly or less
  - □ 2 to 4 times a month
  - □ 2 to 3 times a week
  - □ 4 or more times a week
  - Other_____

- How many drinks containing alcohol do you have on a typical day when you are drinking?
  □ 1 or 2 □ 3 or 4 □ 5 or 6 □ 7 or more

- Do you smoke? □ Yes □ No □ Not applicable

  If yes, has your smoking pattern changed and how? _____

- **Since your initial evaluation:**

  Have you had any new medical diagnoses? □ Yes □ No

  If yes, please list_____

## 4. SF-12v2® Health Survey Standard Version

**This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.**

**1. In general, would you say your health is:**

___Excellent ___Very Good ___Good ___Fair ___Poor

**2. The following two questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?**

| | Yes, Limited a lot | Yes, Limited a little | No, not limited at all |
|---|---|---|---|
| a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf: | | | |
| b. Climbing several flights of stairs: | | | |

**3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| a. Accomplished less than you would like | | | | | |
| b. Were limited in the kind of work or other activities: | | | | | |

**4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| a. Accomplished less than you would like: | | | | | |
| b. Did work or activities less carefully than usual | | | | | |

**5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?**

___Not At All ___A Little Bit ___Moderately ___Quite A Bit ___Extremely

**Thank you for completing this questionnaire**

**6. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| a. Have you felt calm and peaceful? | | | | | |
| b. Did you have a lot of energy? | | | | | |
| c. Have you felt downhearted and depressed? | | | | | |

**7. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

___All of the time ___Most of the time ___Some of the time ___A little of the time ___None of the time

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**5. Please rate how the following problems have affected you within the past month.**

**"0" = No problem, "5" = Severe problem**

| | | | | | | |
|---|---|---|---|---|---|---|
| Hoarseness or a problem with your voice. | 0 | 1 | 2 | 3 | 4 | 5 |
| Clearing your throat. | 0 | 1 | 2 | 3 | 4 | 5 |
| Excess throat mucus or post nasal drip. | 0 | 1 | 2 | 3 | 4 | 5 |
| Difficulty swallowing foods, liquids, or pills. | 0 | 1 | 2 | 3 | 4 | 5 |
| Coughing after you eat or lie down. | 0 | 1 | 2 | 3 | 4 | 5 |
| Breathing difficulties or choking episodes. | 0 | 1 | 2 | 3 | 4 | 5 |
| Troublesome or annoying cough. | 0 | 1 | 2 | 3 | 4 | 5 |
| Sensations of something sticking in your throat, or a lump in your throat. | 0 | 1 | 2 | 3 | 4 | 5 |
| Heartburn, chest pain, indigestion, or stomach acid coming up. | 0 | 1 | 2 | 3 | 4 | 5 |

**For staff input only, RSI score_____**

**How often during the past 2 weeks have you felt bothered by:**

| | **Score = 0** | **Score = 1** | **Score = 2** | **Score = 3** |
|---|---|---|---|---|
| Feeling nervous, anxious, or on edge? | Not at all | Several days | More than half the days | Nearly everyday |
| Not being able to stop or control worrying? | Not at all | Several days | More than half the days | Nearly everyday |
| Worrying too much about different things? | Not at all | Several days | More than half the days | Nearly everyday |
| Trouble relaxing? | Not at all | Several days | More than half the days | Nearly everyday |
| Being so restless that it is hard to sit still? | Not at all | Several days | More than half the days | Nearly everyday |
| Becoming easily annoyed or irritable? | Not at all | Several days | More than half the days | Nearly everyday |
| Feeling afraid as if something awful might happen? | Not at all | Several days | More than half the days | Nearly everyday |

**Thank you for completing this questionnaire**

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? (circle one)

□ Not difficult at all □ Somewhat difficult □ Very difficult □ Extremely difficult

**For staff input only, total score:_____**

**We want to understand more about how your breathing/coughing problem can interfere with your day-to-day activities, and how that has changed since your last evaluation. Please complete this section if you have not noticed a voice problem. Please circle the response that indicates how frequently you have had the same experience in the last month. There are no "right or wrong" answers.**

**PLEASE CHOOSE ONE AND ONLY ONE ANSWER FOR EACH QUESITON. IF A QUESTION DOES NOT APPLY TO YOU PLEASE CHOOSE "0".**

| | Never | Almost Never | Some of the time | Almost always | Always |
|---|---|---|---|---|---|
| 1. My voice makes it difficult for people to hear me. | 0 | 1 | 2 | 3 | 4 |
| 2. I run out of air when I talk. | 0 | 1 | 2 | 3 | 4 |
| 3. People have trouble understanding me in a noisy room. | 0 | 1 | 2 | 3 | 4 |
| 4. The sound of my voice varies throughout the day. | 0 | 1 | 2 | 3 | 4 |
| 5. My family has difficulty hearing me when I call them throughout the house | 0 | 1 | 2 | 3 | 4 |
| 6. I use the phone less often than I would like. | 0 | 1 | 2 | 3 | 4 |
| 7. I'm tense when I am talking with others because of my voice. | 0 | 1 | 2 | 3 | 4 |
| 8. I tend to avoid groups of people because of my voice. | 0 | 1 | 2 | 3 | 4 |
| 9. People seem irritated with my voice. | 0 | 1 | 2 | 3 | 4 |
| 10. People ask "What's wrong with your voice?" | 0 | 1 | 2 | 3 | 4 |
| 11. I speak with friends, neighbors, or relatives less often because of my voice. | 0 | 1 | 2 | 3 | 4 |
| 12. People ask me to repeat myself when speaking face to face. | 0 | 1 | 2 | 3 | 4 |
| 13. My voice sounds creaky and dry. | 0 | 1 | 2 | 3 | 4 |
| 14. I feel as though I have to strain to produce voice. | 0 | 1 | 2 | 3 | 4 |
| 15. I find other people don't understand my voice problem | 0 | 1 | 2 | 3 | 4 |
| 16. My voice difficulty restricts my personal and social life. | 0 | 1 | 2 | 3 | 4 |
| 17. The clarity of my voice is unpredictable. | 0 | 1 | 2 | 3 | 4 |
| 18. I try to change my voice to sound different. | 0 | 1 | 2 | 3 | 4 |
| 19. I feel left out of conversations because of my voice. | 0 | 1 | 2 | 3 | 4 |
| 20. I use a great deal of effort to speak. | 0 | 1 | 2 | 3 | 4 |
| 21. My voice is worse in the evening. | 0 | 1 | 2 | 3 | 4 |
| 22. My voice problem causes me to lose income. | 0 | 1 | 2 | 3 | 4 |
| 23. My voice problem upsets me. | 0 | 1 | 2 | 3 | 4 |
| 24. I am less outgoing because of my voice problem. | 0 | 1 | 2 | 3 | 4 |
| 25. My voice makes me feel handicapped. | 0 | 1 | 2 | 3 | 4 |
| 26. My voice "gives out" on me in the middle of speaking. | 0 | 1 | 2 | 3 | 4 |
| 27. I feel annoyed when people ask me to repeat. | 0 | 1 | 2 | 3 | 4 |
| 28. I feel embarrassed when people ask me to repeat. | 0 | 1 | 2 | 3 | 4 |
| 29. My voice makes me feel incompetent. | 0 | 1 | 2 | 3 | 4 |

**Thank you for completing this questionnaire**

| | Never | Almost Never | Some of the time | Almost always | Always |
|---|---|---|---|---|---|
| 30. I'm ashamed of my voice problem. | 0 | 1 | 2 | 3 | 4 |

| My voice is: (please check one) | Normal | Mildly impaired | Moderately impaired | Severely impaired |
|---|---|---|---|---|
| For staff input only VHI Scores | Functional | Physical | Emotional | Total |

**If you are <u>experiencing cough</u>, please fill out this questionnaire, otherwise skip this section. This questionnaire is designed to assess the impact of cough on various aspects of your life.**

**Read each question carefully and answer by CIRCLING the response that best applies to you. Please answer ALL questions, as honestly as you can.**

1. In the last 2 weeks, have you had chest or stomach pains as a result of your cough?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

2. In the last 2 weeks, have you been bothered by sputum (phlegm) production when you cough?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Every time | Most times | Several times | Some times | Occasionally | Rarely | Never |

3. In the last 2 weeks, have you been tired because of your cough?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

4. In the last 2 weeks, have you felt in control of your cough?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| None of the time | Hardly any of the time | A little of the time | Some of the time | A good bit of the time | Most of the time | All of the time |

5. How often during the last 2 weeks have you felt embarrassed by your coughing?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

6. In the last 2 weeks, my cough has made me feel anxious

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

7. In the last 2 weeks, my cough has interfered with my job, or other daily tasks

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

8. In the last 2 weeks, I felt that my cough interfered with the overall enjoyment of my life

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

9. In the last 2 weeks, exposure to paints or fumes has made me cough

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

**Thank you for completing this questionnaire**

10. In the last 2 weeks, has your cough disturbed your sleep?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

11. In the last 2 weeks, how many times a day have you had coughing bouts?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time (continuously) | Most times during the day | Several times during the day. | Some times during the day | Occasionally through the day. | Rarely | None |

12. In the last 2 weeks, my cough has made me feel frustrated

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

13. In the last 2 weeks, my cough has made me feel fed up

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

14. In the last 2 weeks, have you suffered from a hoarse voice as a result of your cough?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

15. In the last 2 weeks, have you had a lot of energy?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| None of the time | Hardly any of the time | A little of the time | Some of the time | A good bit of the time | Most of the time | All of the time |

16. In the last 2 weeks, have you worried that your cough may indicate serious illness?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

17. In the last 2 weeks, have you been concerned that other people think something is wrong with you, because of your cough?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

18. In the last 2 weeks, my cough has interrupted conversation or telephone calls

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Every time | Most times | A good bit of the time | Some of the time | A little of the time | Hardly any of the time | None of the time |

19. In the last 2 weeks, I feel that my cough has annoyed my partner, family or friends

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|
| Every time I cough | Most times when I cough | Several times when I cough | Some times when I cough | Occasionally when I cough | Rarely | Never |

**Thank you for completing this questionnaire**