Name: _____
Date of Birth: _____
Today's Date: _____

Cough Patient Questionnaire

NLHQ: **Check the answer that best describes you currently.**
1 = all of the time 2 = most of the time 3 = a good bit of the time 4 = some of the time
5 = a little bit of the time 6 = hardly any of the time 7 = none of the time

Symptom	1	2	3	4	5	6	7
There is an abnormal sensation in my throat.	☐	☐	☐	☐	☐	☐	☐
I feel phlegm and mucous in my throat.	☐	☐	☐	☐	☐	☐	☐
I have pain in my throat.	☐	☐	☐	☐	☐	☐	☐
I have a sensation of something stuck in my throat.	☐	☐	☐	☐	☐	☐	☐
My throat is blocked.	☐	☐	☐	☐	☐	☐	☐
My throat feels tight.	☐	☐	☐	☐	☐	☐	☐
There is an irritation in my throat.	☐	☐	☐	☐	☐	☐	☐
I have a sensation of something pushing on my chest.	☐	☐	☐	☐	☐	☐	☐
I have a sensation of something pressing on my throat.	☐	☐	☐	☐	☐	☐	☐
There is a feeling of constriction as though needing to inhale a large amount of air.	☐	☐	☐	☐	☐	☐	☐
There is a tickle in my throat.	☐	☐	☐	☐	☐	☐	☐
There is an itch in my throat.	☐	☐	☐	☐	☐	☐	☐
I have a hot or burning sensation in my throat.	☐	☐	☐	☐	☐	☐	☐
TOTAL SCORE	_____/ 91						

RSI: **Within the past month how did the following problems affect you?**
0 = no problem 5 = severe problem

Symptom	0	1	2	3	4	5
Hoarseness or a problem with your voice	☐	☐	☐	☐	☐	☐
Clearing your throat	☐	☐	☐	☐	☐	☐
Excess throat mucous or postnasal drip	☐	☐	☐	☐	☐	☐
Difficulty swallowing food, liquids, or pills	☐	☐	☐	☐	☐	☐
Coughing after you ate or after lying down	☐	☐	☐	☐	☐	☐
Breathing difficulties or choking episodes	☐	☐	☐	☐	☐	☐
Troublesome or annoying cough	☐	☐	☐	☐	☐	☐
Sensation of something sticking in your throat or a lump in your throat	☐	☐	☐	☐	☐	☐
Heartburn, chest pain, indigestion, or stomach acid coming up	☐	☐	☐	☐	☐	☐
TOTAL SCORE	_____/ 45					

Name: _____
Date of Birth: _____
Today's Date: _____

CSI: **Circle the response that indicates how frequently you experience these symptoms.**

0 = never 1=almost never 2=sometimes 3= almost always 4= always

Symptom	0	1	2	3	4
My cough is worse when I lay down.					
My coughing problem causes me to restrict my personal and social life.					
I tend to avoid places because of my coughing problem.					
I feel embarrassed because of my coughing problem.					
People ask, "what's wrong?' because I cough a lot.					
I run out of air when I cough.					
My coughing problem affects my voice.					
My coughing problem limits my physical activity					
My coughing problem upsets me.					
People ask me if I am sick because I cough a lot.					
TOTAL SCORE	**_____/ 45**				

1. The following circumstances trigger my cough: (check all that apply)

____ Strong odors
____ Heat
____ Stress
____ Eating
____ Position (laying down, bending over)
____ Mucus
____ Exercise
____ Speaking
____ Singing
____ Laughing
____ Post nasal drip
____ Other:

2. I cough when: (check one)

____ I have trouble breathing
____ When I have phlegm
____ All the time

3. My cough is: (check one)

____ Wet
____ Dry

4. How many glasses of water do you drink daily? _____ Carbonated drinks?_____
5. How many cups of caffeine do you have daily (coffee, tea, soda)?_____
6. How often do you drink alcohol? Never___ Rarely ___ Weekly ___A few times a week___ Daily ___
7. Do you smoke now? Yes No If yes, how much? _____
8. Have you ever smoked? Yes No If yes, when did you quit? _____
9. Do you now or have you ever used recreational drugs? Yes No If yes, please clarify_____
10. Are you involved in any hobbies or activities where you are in contact with dust, fumes, chemicals or paints?
Yes_____ No_____ If yes, what?_____