

RESPIRATORY HEALTH QUESTIONNAIRE

For Office Use Only
(PACK YEARS)

(10" X 11")

Name _____ Signature _____ Date _____

Age _____ Address _____ Phone _____

Note: Contains confidential patient information when complete.

Instructions: Please check off and fill-in all that apply.

- 1.** History of smoking (past or present)
a. ___ packs/day b. ___ years
- 2.** No longer smoking (quit date _____).
- 3.** Told by a doctor I have:
 asthma chronic bronchitis
 COPD emphysema
- 4.** Have had long and repeated exposure to
 dust
 chemicals
 fumes
- 5.** Have wheezing or whistling sounds, while breathing.
- 6.** Clear my throat frequently.
- 7.** Have a cough,
 when I wake when lying down
 during day at night
 How often do you cough?
 occasionally frequently
 almost always
 How long have you had this cough?
 less than 1 month 1 year or more
 more than 1 month
 Do you raise or swallow mucus or phlegm (congestion) when you cough?
 yes no
- 8.** Catch colds at least twice a year
 lasting less than 7 days
 lasting 1-2 weeks
 lasting longer than 2 weeks
 Do these colds settle in your chest?
 yes no

- 9.** Have felt or experienced one or more of these with your breathing:
 air hunger
 gasping for air
 heaviness breathing
 increased effort to breathe
- 10.** Have some shortness of breath
 every day
 many times each week
 on occasion
 with chest colds or infections
 What activity causes your shortness of breath?
 stairs hills
 level ground sleeping
 heavy activity chest cold or infection
 other _____
- 11.** Within the past year, have you had emergency room visits or hospitalization for breathing difficulties?
 yes no
- 12.** Have daytime sleepiness (daytime naps or drowsiness).
- 13.** Have a difficult time falling asleep.
- 14.** Frequent awakenings during sleep.
- 15.** Snoring, choking or gasping for air, during sleep.
-
- 16. I have not experienced any of these symptoms (1-15) as described on this form.**

Sign here if completed by Patient: _____

Sign here if completed with Patient by Praxair HCP: _____

Physician Order:

To be completed only by MD.

- ___ *Oximetry on room air (select one or both)
 At rest and exercise
 Overnight

___ *Praxair is further ordered to repeat the testing using an independent diagnostic testing facility, if patient's O₂ Sat is less than or equal to 89%.

- ___ *Berlin Questionnaire with overnight oximetry on room air
 ___ Simple spirometry
 ___ Spirometry pre & post **bronchodilator
 ___ Pulse and Breath Sounds

**Only completed if patient currently on short-term bronchodilator

Physician Signature _____ Phone _____ Date _____

FAX to Praxair Healthcare Services at _____

PRAXAIR
HEALTHCARE SERVICES

From
Hospital
to HomeSM

INDICATIONS FOR SPIROMETRY

Consider COPD and perform annual spirometry if any of these indicators are present*. Referenced questions from the Respiratory Questionnaire (reverse side) are indicated in brackets.

- Age 45 or older** with any history of smoking or occupational exposure to dusts, chemicals or fumes [1,4]
- All patients with smoking history greater than 10-20 pack years (multiply packs per day X years smoking) [1]
- Chronic Cough:
 - Present intermittently or every day, often present throughout the day; seldom only nocturnal [7]
- Chronic Sputum Production:
 - Any pattern of chronic sputum production may indicate COPD [6,7,8]
- Dyspnea that is:
 - Progressive (worsens over time) [10]
 - Persistent (present every day) [10]
 - Described by patient as an "increased effort to breathe, "heaviness", "air hunger", or "gasping" [9]
 - Worse on exercise and/or with respiratory infections [10]

INDICATIONS FOR OXIMETRY

Oximetry should be performed at rest and exercise for anyone with Dyspnea complaints [9,10] *

INDICATIONS FOR BERLIN QUESTIONNAIRE

Anyone that has complaints of disrupted sleep and its effects may be at risk for Sleep Disordered Breathing [12,13,14,15]

| Medicare Criteria for Home Oxygen*** | |
|---|--|
| If Qualifying Test Results on Room Air Equal: | The Following Rules Will Be Applied (Medicare Part B) |
| O ₂ saturation = 88% or below, or PaO ₂ = 55 mmHg or below | <ul style="list-style-type: none"> • At rest: Covered. • During sleep: Stationary system only (requires O₂ saturation 88% or below for at least 5 cumulative minutes during sleep). • During exercise: Covered. |
| O ₂ saturation = 89%, or PaO ₂ = 56-59 mmHg Testing must be repeated between 61st and 90th day of oxygen use. Only covered if the patient also demonstrates one of the following: <ul style="list-style-type: none"> • Dependent edema suggesting CHF. • "P" pulmonale on EKG or pulmonary hypertension or cor pulmonale. • Erythrocythemia with hematocrit greater than 56%. | <ul style="list-style-type: none"> • At rest: Covered. • During sleep: Stationary system only. (requires O₂ saturation of 89% for at least 5 cumulative minutes during sleep). • During exercise: Covered. Refer to required additional clinical findings on left panel |
| O ₂ saturation = 90% or above, or PaO ₂ = 60 mmHg or greater | <ul style="list-style-type: none"> • Rarely Covered; compelling medical justification required. If denied, client will be responsible for payment. |

- * Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD)
- ** National Lung Health Education Program (NLHEP)
- *** Centers for Medicare and Medicaid Services (CMS) – Medicare National Coverage Determinations Manual.

Your local branch

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Hospital
to HomeSM