



Voice Clinic AZ DELTA
New patient questionnaire: cough or laryngospasm

Comment considering the privacy law:

By completing this questionnaire, I give permission to the responsible person of the voice clinic (Dr. Delsupehe) and policy can use this information for research purposes. My medical data will be managed strictly confidential. I agree with the data collection, analysis of these data and the use of these medical data for research purposes. I also agree that these data can be transferred and analysed in other countries than Belgium. My name will not be mentioned; in any way.

General information

Name: _____ **Date of birth:** _____

Occupation(s): _____

Problem overview

Who referred you to this voice clinic? _____

When did your coughing or laryngospasm problem begin?

Since _____

At the beginning, what was it that seemed to start the cough or laryngospasms? Please check all that apply.

- upper respiratory infection surgery on my chest
- bronchitis or pneumonia surgery on my neck
- other: _____

Do you experience any sensation (even a subtle one) just before coughing or a laryngospasm begins?

- no
- yes, and it is like a *(check all that apply)*:
 - sudden tickle sudden burning
 - sudden 'dry patch' feeling of a 'crumb caught in my throat'
 - jabbing or stabbing sensation other: _____

Are you aware of anything that sometimes triggers your coughing or laryngospasms?

- no
- yes, the triggers include:
 - talking eating laughing
 - swallowing posture change, especially at night breathing cold air
 - touching a spot on my neck breathing warm air other: _____

The main trigger is *(if there is one)*: _____



**Which of the following, if any, happens to you when you have severe coughing or a laryngospasm?
Please check all that apply. (These are common experiences for many with severe coughing or laryngospasms)**

- I turn red My eyes tear up My nose runs
- I lose urine I do throw up I almost throw up
- I almost pass out I do pass out
- I have sudden, intense difficulty breathing
- I have broken one or more ribs other: _____

Please estimate how many coughing episodes you have each day (keep in mind that one 'episode' could be short or long, from just one isolated cough to a prolonged series of coughs).

Total number of episodes per day (of any duration): _____

Number of episodes per day that last at least 5 seconds: _____

Number of episodes per day that last at least 20 seconds: _____

Most people with your problem say that it is roughly the same week after week. Some, however, notice periods of greater or lesser severity. Which is the case for you?

- Roughly the same since onset varies from month to month
- varies from week to week May have long periods that are relatively symptom-free

How many doctors do you think you have seen specifically for this problem? _____

What tests have you had for your problem?

- CT scan MRI Pulmonary function test Chest x-ray
- Bronchoscopy 24-hour acid test
- Esophagoscopy Videofluoroscopy Allergy test

What kind of medication did you already take to solve this problem ? _____

Did any medication ever seem to help noticeably? yes no

Have you tried other treatments for your problem? yes no

In case of yes: hypnosis acupuncture herbal remedies vitamins other:



Are you currently on or have you ever taken one of the following medication for the blood pressure (Enalapril, Captopril, Ramipril, Perindopril)?

On a scale from 1 to 7, how severe seems your problem to you? (1 = no problem, 7 = severe)

1 2 3 4 5 6 7

On a scale from 1 to 7, how motivated would you say you are to solve this problem? (1 = not motivated, 7 = extremely motivated)

1 2 3 4 5 6 7