

Bronchiectasis Out-Patient Registration Form

Date: _____ ID No: _____

Name: _____

Address: _____

Phone: _____ Mob: _____

Date of Birth: _____ Height: _____ cm Weight: _____ kgs

Do you have a respiratory condition other than bronchiectasis? (Please circle)

Asthma

COPD

Pulmonary fibrosis / ILD

Not applicable

Other _____

Have you had lung surgery?

Yes

No

If so, what and where _____

Did you have measles or whooping cough as a child?

Yes

No

Did you have pneumonia as a child? Yes No

Have you had pneumonia as an adult? Yes No

If so, how many times/dates? _____

Have you been smoking in the past 2 weeks? Yes No

When did you start smoking cigarettes? N/A _____

How many cigarettes did you smoke per day on average? _____

When did you stop smoking? _____ N/A

Which year do you believe you first started having symptoms of bronchiectasis? _____

Which year were you diagnosed with bronchiectasis? _____

Do you cough up sputum every day? Yes No

Do you cough up sputum only with infections? Yes No

Sputum amount per day over the past 2 weeks: (please circle)

Less than a teaspoon

1 – 2 teaspoons

1 tablespoon

5 ml

5-10 ml

15 ml

1 egg cup

½ - 1 cup

More than 1 cup

50 ml

125 ml

>250 ml

Sputum colour over the past 2 weeks: (please circle)

Clear White Pale yellow Dark yellow

Green Brown Other: _____

Do you have difficulty controlling your cough? Yes No

Does your cough affect your sleep? Yes No

Is your sputum difficult to cough up? Yes No

Have you coughed up any blood over the past 6 months? Yes No

If so please circle: less than 1 tablespoon more than 1 tablespoon

How many times have you used antibiotics for chest infections in the last 12 months?

If two antibiotics or repeat courses taken, please count as one infection.

None 1 2 3 4 5 more than 5 times

Do you have heart burn (also known as gastro-oesophageal reflux)? Yes No

If yes, do you take any medications for this condition? Yes No

Name of medication: _____

Do you have sinusitis / rhinitis?: Yes No

If yes, do you take any medications for this condition? Yes No

Name of medication: _____

Do you leak urine when you cough or exercise?

Yes

No

Do you have joint or muscle pain when you cough?

Yes

No

If yes, where is the pain? _____

Which puffers do you use? (Please circle)

None

Ventolin / Salbutamol / Asmol / Bricanyl

Seretide

Symbicort

Spiriva

Other: _____

What limits your exercise?

Shortness of breath

Pain

Tiredness

Not interested

Other _____

Please describe the exercise you do during an average week: _____

Have you previously seen a respiratory physiotherapist (either in hospital or in a clinic)?

Yes

No

If yes, please describe the techniques you have been taught to assist with clearing sputum from your lungs.

Staff use only

Patients age:	< 50	50-69	70-79	80 +
BMI:	< 18.5	18.5 – 25	26 – 30	30 +
% FEV1 Pred:	> 80%	50 – 80%	30 – 49%	< 30%

Hospitalised with a severe exacerbation in the past 2 years?: Yes No

Exacerbations in previous 12 months: 0 1 – 2 3 +

MRC Breathlessness Score: 1 – 3 4 5

1 - Not troubled by breathlessness except on strenuous exercise

2 - Short of breath when hurrying or walking up a slight hill

3 - Walks slower than contemporaries on level ground because of breathlessness, or has to stop for breath when walking at own pace

4 - Stops due to breathlessness after walking 100m

5 - House bound due to breathlessness, or breathless on dressing or undressing.

Pseudomonas Colonisation: Yes No

Chronic colonisation is defined by the isolation of pseudomonas aeruginosa in sputum culture on 2 or more occasions, at least 3 months apart in a 1 year period

Colonisation with other organisms:

Chronic colonisation is defined by the isolation of potentially pathogenic bacteria in sputum culture on 2 or more occasions, at least 3 months apart in a 1 year period.

Radiological Severity: < 3 lobes >/ = 3 lobes cystic bronchiectasis

Bronchiectasis Severity Score: _____

<http://www.bronchiectasisseverity.com/>