

## 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* \_\_\_\_\_

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)

<i>Less than a teaspoon</i> 5 ml	<i>1 – 2 teaspoons</i> 5-10 ml	<i>1 tablespoon</i> 15 ml
<i>1 egg cup</i> 50 ml	<i>½ - 1 cup</i> 125 ml	<i>More than 1 cup</i> >250 ml

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

<i>Clear</i>	<i>White</i>	<i>Pale yellow</i>	<i>Dark yellow</i>
<i>Green</i>	<i>Brown</i>	<i>Other:</i> _____	

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

<b>Patients age:</b>	< 50	50-69	70-79	80 +
<b>BMI:</b>	< 18.5	18.5 – 25	26 – 30	30 +
<b>% FEV1 Pred:</b>	> 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:** \_\_\_\_\_