



Pulmonary Function Questionnaire

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Sex: M/F

Tobacco Usage: _____ Face Amount: _____

____ Term 10 15 20 30 ____ UL

1. Do you currently smoke cigarettes? Yes _____ No _____
(If no, did you ever smoke)? Never _____ Quit (date) _____

2. Do you use other tobacco products: Yes _____ No _____
(If yes, specify type and usage) _____

3. Date last used any tobacco product. _____ Type used _____

4. Type of lung disease diagnosed: (Check one)
____ Asthma
____ Bronchitis
____ Chronic Obstructive Pulmonary Disease (COPD)
____ Emphysema

Date of Diagnosis: _____

5. Has pulmonary function testing been done: _____ Yes _____ No
(If yes, provide most recent date): _____

6. Type of test done:
____ Timed Vital Capacity (TVC)
____ Forced Expiratory Volume (TVC)
____ Other (explain)

Results: _____

7. Insured's build: Height _____ Weight _____

8. Has chest x-ray been done? _____ Yes _____ No
(If yes, date): _____ Findings: _____

9. Are there any other medical conditions? _____ Yes _____ No
(If yes, describe below): _____
