

Respiratory Health Survey*



APRIA HEALTHCARE®

Name _____ Age _____ Date ____/____/____

Address _____ Phone _____

Physician Name _____ Physician City _____ State _____

Instructions: Please check off and fill in all that apply to your respiratory health.

1. History of smoking (past or present)? Y N
a. ____ packs/day b. ____ # years

2. Currently smoke? Y N

3. Quit smoking date? _____

4. I've been told by a doctor I have one of the following: *(Please check all that apply)* Y N
 COPD Emphysema Asthma
 Chronic bronchitis Other respiratory condition

5. Have had long and repeated exposure to one of the following: Y N
 Dust Fumes Chemicals

6. Have wheezing or whistling sounds while breathing? Y N

7. Have a cough? Y N
 Almost always Daily Occasionally

8. When I cough, I usually raise or swallow sputum or phlegm? Y N

9. Have felt one or more of these with my breathing: *(If yes, check all that apply)* Y N
 Air hunger Gasping for air
 Heaviness in breathing
 Increased effort to breathe

10. Have shortness of breath? Y N
If yes, what causes you to become breathless?¹
 Strenuous exercise
 When walking on the level or hurrying up a slight hill
 I have to walk slower than people my own age on the level because of breathlessness, or I have to stop for rest when walking at my own pace due to breathlessness
 I stop for breath after walking about 100 meters (110 yds.)
 I can't leave the house due to breathlessness, or get breathless dressing/undressing

11. Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Y N

12. Do you often feel tired, fatigued, or sleepy during daytime? Y N

13. Has anyone observed you stop breathing during your sleep? Y N

14. Do you have or are you being treated for high blood pressure? Y N

15. **I have not experienced any of these behaviors or symptoms as described on this form.**

16. HOW OFTEN in the last six months have you:
a. Had to go to the doctor's office (not regular visit) because of breathing problems or lung infection? _____
b. Had to go to an emergency room or clinic to get help for your breathing problems or lung infection? _____
c. Been admitted into the hospital for your breathing problems or a lung infection? _____

*Survey questions may identify risk of Chronic Obstructive Pulmonary Disease (COPD) or Obstructive Sleep Apnea (OSA) in adult patients. The results of this survey may be shared with your physician who may perform a detailed clinical evaluation. The results of this survey are not a definitive diagnosis and do not replace medical advice and/or treatment recommendations from your physician. Apria Healthcare reserves the right to use the responses provided for internal research, quality improvement and/or program development initiatives. Your individual responses will not be shared with any party other than the physician named above.

Patient signature (if survey was completed by patient):

Apria staff signature (if survey was completed by Apria staff member with information obtained from patient):

For Office Use Only Pack years: _____ ("1a" x "1b")

Reference Information for Physicians/Clinicians

Indications for Oximetry

(Any one positive response to any question # 9 – 10)

Oximetry at rest, exercise and/or during sleep should be considered for anyone with dyspnea complaints.²

It is well recognized that sleep-related hypoxemia is more prevalent in COPD patients. Patients suspected of COPD may benefit from overnight oximetry testing.^{3,4}

Indications for Spirometry

(Any one positive response to any question # 1 – 10)

Global Initiative for Chronic Obstructive Pulmonary Disease recommends spirometry testing for any patient over 40 years at risk for COPD including²:

- History of smoking or occupational exposure to dusts, chemicals or smoke from home cooking and heating fuels
- Chronic cough — may be intermittent and may be unproductive
- Chronic sputum production
- Dyspnea that is:
 - Progressive (worsens over time)
 - Persistent (present every day)
 - Described by patient as an “increased effort to breathe,” “heaviness,” “air hunger,” or “gasping”

Indications for Sleep Testing

(Positive responses to two or more questions # 11 – 14)

Individuals with positive responses to two or more of the validated sleep screening questions are at high risk for Obstructive Sleep Apnea.⁵

Medicare Coverage Criteria for Home Oxygen Therapy⁶

If qualifying test results on room air demonstrate:

- 1) Oxygen saturation $\leq 88\%$, or $\text{PaO}_2 \leq 55$ mmHg; **OR**
- 2) Oxygen saturation = 89%, or PaO_2 56 – 59 mmHg^{**}; **AND**
 - a. Dependent edema suggesting CHF, **OR**
 - b. “P” pulmonale on EKG **or** pulmonary hypertension **or** cor pulmonale, **OR**
 - c. Erythrocythemia with hematocrit greater than 56%.

	Stationary	Portable
Rest	X	X
Sleep [†]	X	
Exercise [‡]	X	X

^{**}Requires recertification and retesting 61 to 90 days after the initial start of therapy.

[†]Requires oxygen saturation \geq the criteria described above for 5 cumulative minutes.

[‡]Additional documentation required:

1. Testing at rest without oxygen.
2. Testing during exercise without oxygen.
3. Testing during exercise with oxygen.

¹Adapted from: Fletcher CM, Elmes PC, Faribairn MB, et al. The significance of respiratory symptoms and the diagnosis of chronic bronchitis in a working population. Br Med J 1959;2:257–266.

²www.goldcopd.com.

³Fletcher EC, Lockett RA, Miller T, et al. Pulmonary vascular hemodynamics in chronic lung disease patients with and without oxyhemoglobin desaturation during sleep. Chest 1989;95:757–766.

⁴Douglas NJ, et al. Transient Hypoxemia During Sleep in Chronic Bronchitis and Emphysema. The Lancet 1979;313(8106):1–6.

⁵Chung, Frances, et al. STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea. Anesthesiology 2008;108(5):812–821.

⁶Centers for Medicare and Medicaid Services (CMS) — Medicare National Coverage Determinations(NCD) for Oxygen and Oxygen Equipment.

Your Local Apria Branch