

Checklist for Cough

The student asks the following questions:

- How long have you had your symptoms of cough?
- Did your symptoms begin gradually or did they occur suddenly?
- Is your cough occasional or constant?
- Is it seasonal or associated with wheezing?
- Do you have any expectoration when you cough? If so, how often, what color, what is the consistency, and the amount of expectoration?
- Have you ever felt a tickle in the throat?
- Do you have a fever, rhinorrhea, chills, sore throat, or headache?
- Do you have chest pain, shortness of breath with exertion or dyspnea, fatigue, malaise, blood in your sputum, night sweats, nausea, or diarrhea?
- What is your alcohol intake?
- Do you use or have you used recreational drugs?
- Do you smoke? If so, how many packs per day and for how many years?
- What is your occupation?
- Are you up to date on your immunizations?
- Do you have a history of bronchitis, pneumonia, or sinusitis?

- Do you have asthma, chronic obstructive pulmonary disease, acquired immunodeficiency, a history of tuberculosis, hypertension, or congestive heart failure?
- Have you recently been exposed to anyone who has an infectious illness?
- Do you take any drugs?

Note: specially ACE: can cause cough