

D Resp Unexplained Chronic Cough

Record ID _____

1. Initial screening criteria

Has the cough persisted longer than eight weeks?

- ☐ No
☐ Yes
☐ Not certain

Does the patient have a history of smoking or occupational exposures?

- ☐ No
☐ Yes
☐ Not certain

Does the patient have a history of pulmonary disease?
(Select all that apply)

- ☐ Lung cancer
☐ COPD
☐ Asthma
☐ TB infection
☐ Bronchiectasis
☐ Pulmonary granuloma
☐ Idiopathic pulmonary fibrosis
☐ Other

Has the chronic cough remained unexplained after evaluation and therapeutic intervention?

- ☐ No
☐ Yes
☐ Not certain

Has the patient had a chest x-ray, CT chest or bronchoscopy?

- ☐ No
☐ Yes
☐ Not certain

Select all that apply

- ☐ Chest X-ray
☐ CT Chest
☐ Bronchoscopy

Has the patient undergone spirometry evaluation (pulmonary function tests)?

- ☐ No
☐ Yes
☐ Not certain

Is the patient on ACE-inhibitors (example: lisinopril; captopril)?

- ☐ No
☐ Yes
☐ Not certain

Has postnasal drainage been addressed as a potential cause of the cough (through nasal sprays and antihistamines)?

- ☐ No
☐ Yes
☐ Not certain

Has gastro-esophageal disease been investigated as a possible cause of the cough?

- ☐ No
☐ Yes
☐ Not certain

How was it investigated? (Select all that apply)

- ☐ Trial of proton pump inhibitor
☐ pH-impedance probe or Bravo probe
☐ EGD/TNE
☐ Other (H2-blocker, lifestyle change, alginates)

Has the patient undergone allergy testing or allergy therapy?

- ☐ No
☐ Yes
☐ Not certain
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Has the patient undergone assessment that includes bronchial hyperresponsiveness and eosinophilic bronchitis (sputum eosinophilia or exhaled nitric oxide), or a therapeutic corticosteroid trial?

- ☐ No
☐ Yes
☐ Not certain
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Result

- ☐ Positive for reactive airway disease
☐ Negative for reactive airway disease
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2. Treatment obtained

Has the patient undergone any treatment for this condition?

- ☐ Yes
☐ No
☐ Not Certain
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Select all that apply

- ☐ Therapeutic trial of multimodality speech pathology therapy
☐ Therapeutic trial of gabapentin/amitriptyline or other neuromodulator
☐ Unilateral or bilateral superior laryngeal nerve block
☐ Other
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Please Specify
