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Please answer these questions to help Dr Aminazad to consider appropriate investigations:

1. Smoking history:

Current Previous Passive smoking
Start _____ Stop _____ Number of cigarettes per day _____

2. Alcohol: How frequent? _____ How many drinks? _____

3. Job(s):

Past _____ Current _____
Specific occupational exposure _____

4. Weight: Stable Gain of _____ kg Loss of _____ kg

5. Current medications:

6. Past medical history:

7. Pets at home: No Yes Details: _____

8. Asbestos exposure: No Yes

9. Snoring: No Yes

10. Feeling tired/sleepy during the day:

Motor vehicle accidents associated with sleepiness in the past? No Yes

11. Respiratory symptoms:

Cough Phlegm Wheeze Shortness of Breath Chest Tightness

Other: _____

12. Live: Alone or with _____

Name: _____

Date: _____