# THORAX AND RIBCAGE SCREENING QUESTIONNAIRE

NAME: _____ DATE: _____
Medical Record #: _____

| | Yes | No |
|---|---|---|
| **1. Do you have a history of heart problems?** | ☐ | ☐ |
| **2. Have you recently taken a nitroglycerine tablet?** | ☐ | ☐ |
| **3. Do you have diabetes?** | ☐ | ☐ |
| **4. Do you take medication for hypertension?** | ☐ | ☐ |
| **5. Have you been or are you now a smoker?** | ☐ | ☐ |
| **6. Does your pain ease when you rest in a comfortable position?** | ☐ | ☐ |
| **7. Have you recently had a major trauma, such as a vehicle accident or a fall from a height?** | ☐ | ☐ |
| **8. Have you ever had a medical practitioner tell you that you have osteoporosis?** | ☐ | ☐ |
| **9. Have you had a recent surgery?** | ☐ | ☐ |
| **10. Have you recently been bedridden?** | ☐ | ☐ |
| **11. Have you recently noticed that it is difficult for you to breathe, laugh, sneeze or cough?** | ☐ | ☐ |
| **12. Have you recently had a fever, infection or other illness?** | ☐ | ☐ |
| **13. In the past few weeks, have you notice that when you cough, you easily cough up sputum.** | ☐ | ☐ |