

PAL-GARD SURVEY

RECORD NUMBER

Date

MEDICAL CARE UNIT

NAME: _____

WEIGHT _____

OCCUPATION: _____

Date of birth ____/____/____

Age _____

CP:
ANAMNESE

1. Reason for visit

1. dyspnea 2. cough 3. wheezing 4. others
5. coryza, nasal congestion

2. Fever?

- 1.yes 2. no
["yes", proceed to question 2a; "no", skip to question 3]
2a. For how long? 1. less than 2 weeks
2. over 2 weeks

3. Night sweats?

1. yes 2. no

4. Weight loss?

1. yes 2. no

["yes", proceed to question 4a; "no", skip to question 5]

- 4a. For how long? 1. A month
2. Two months to a year
3. Over a year
4b. How many kilos? _____

5. Adynamia (weakness) or lack of appetite (anorexia)?

1. yes 2. no

6. History of contact with tuberculosis patient

1. yes 2. no

Cough

7. Cough?

1. yes 2. no
["yes", ask question 7a; "no", skip to question 8]

- 7a. For how long? 1. less than 2 weeks
2. over 2 weeks

- 7b. Coughs without having a cold?
1. yes 2. no

- 7c. Persistent cough specially at night or after waking up
1. yes 2. no

["if patient is over 40 years old, ask question 7d; otherwise, skip to question 8"]

- 7d. Do you cough most days, at least for three months, every year?
1. yes 2. no

SPUTUM

(catarrh, phlegm)

8. Sputum?

1. yes 2. no
["yes", proceed to question 8a; "no", skip to question 9]

- 8a. Sputum color?
1. white, pale
2. yellow, green
3. bloody, red
4. not informed

8b. Sputum without having a cold?

1. yes 2. no
["if patient is over 40 years old, ask question 8c; otherwise, skip to question 9"]

8c. Is there sputum most days, at least for three months every year?

1. yes 2. no

WHEEZING

9. Do you have crisis or recurrent episodes of wheezing?

1. yes 2. no
9a. Current wheezing? 1. yes 2. no
9b. Three or more episodes of wheezing over the last 12 months? 1.f n yes 2.f n no
9c. Over the last 12 months, any wheezing attacks with dyspnea followed by a visit to an ECU?
9d. Tight chest, cough or wheezing after physical activity?
1. yes 2. no
9e. Tight chest, cough or wheezing after exposure to mold, dust, animals, cigarette smoke or after colds, laughter or crying?
1. yes 2. no

10. Current shortness of breath?

1. yes 2. no
10a. Short of breath for...?
1. less than 2 weeks
2. over 2 weeks
10b. Do you wake up at night wheezing or coughing or short of breath? 1. yes 2. no

11. Do you have symptoms of allergic diseases (rhinitis, atopic dermatitis)?

1. yes 2. no

12. Family history of asthma or allergies

1. yes 2. no

13. Is there any relief of symptoms with medication (such as short-acting beta-2, corticosteroids)?

1. yes 2. no 3. does not apply

14. Do the symptoms vary seasonally?

1. yes 2. no 3. does not apply

Over 40 years old

15. Do you have any conditions that prevent you from walking – apart from lung or heart conditions?

1. yes 2. no

16. MRC (____) dyspnea index

0. Do you get short of breath when exercising?
1. Do you get short of breath when walking at a faster pace on flat ground or walking slightly uphill?
2. Have you ever had to stop walking on flat ground at your regular pace or slower than people your age to gasp for breath?
3. Have you ever had to stop walking on flat ground to gasp for breath after some 100 metres or some minutes?
4. Do you get so short of breath that it prevents you from leaving your home or get dressed?

Smoking

17. Have you ever smoked?

1. yes 2. no

["yes", proceed to question 17A; "no", skip to question 18]

If the interviewee has smoked fewer than 20 cigarette packs in their life or fewer than one cigarette a day over a year, then it is considered "no".

["yes", proceed to questions 19a to 19c; "no", skip to question 20]

- 17a. In what year did you start smoking? _____
17c. In what year did you quit smoking? _____
17b. Do you currently smoke? 1. yes 2. no
17d. Years/cigarette packs _____
17e. Has your doctor ever advise you to quit smoking? 1. yes 2. no

Indoor pollution

18. Have you ever had people cook with a wood stove burning manure / corn cob / straw or dry leaves for over six months of your life in your house?

1. yes 2. no

19. Occupational exposure

1. yes 2. no

PHYSICAL EXAMINATION

ECTOSCOPY General state: Good Medium Poor
Cyanosis Nail dubbing LLs edema

AGI: PAINLESS, PERISTALTIC, NO VISCEROMEGALY ALTERATIONS:

AP = _____ mmHg HR = _____ bpm RR = _____ irpm

UPPER AIRWAYS

OTOSCOPY: No alterations Hyperemia, bulging or opacity of tympanum
Unknown

OROPHARYNX: No alterations Production of pus and/or petechiae on the
Unknown palate

AIR: MVFSRA MV↓ WHEEZING SNORING CREPTATIONS
↑ THORAX AP ↑ EXPIRATORY RATE

ACV: RCR RCI BNS MURMURS MURMURS.....
HYPOPHONETIC HEART SOUNDS P2 B3/B4

EXAMS AVAILABLE:

DIAGNOSTIC HYPOTHESES:

THERAPEUTIC APPROACH:

REQUESTED EXAMS:

INITIAL PRESCRIPTION: