

THE KOUFMAN CHRONIC COUGH INDEX (KCCI)

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Name _____ Date of Birth _____ Today's Date _____

Is main reason you are here for CHRONIC COUGH? _____; if so, for how many years? _____

When your cough began, had you had a respiratory infection, cold, the flu, or other illness? _____

Have you had a chest x-ray within the last two years? _____; was it normal? _____

Have you seen a pulmonologist (lung doctor)? _____; if so, provide her/his name and address here:

Are you on a blood pressure medicine? _____; if so, which & dose? _____

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Please circle "Yes" or "No" for every question; you may add comments for clarification

			Comments
Do you awaken from a sound sleep coughing violently? How often? With trouble breathing?	YES	NO	_____
Do you have choking episodes when you cannot get enough air, gasping for air? If so, how often?	YES	NO	_____
Do you usually cough when you lie down into the bed, or when you just lie down to rest?	YES	NO	_____
Do you usually cough after meals or eating?	YES	NO	_____
Do you cough when (or after) you bend over?	YES	NO	_____
Do you more-or-less cough all day long?	NO	YES	_____
Does change of temperature make you cough?	NO	YES	_____
Does laughing or chuckling cause you to cough?	NO	YES	_____
Do fumes (perfume, automobile fumes, burned toast, etc.) cause you to cough?	NO	YES	_____
Does speaking, singing, or talking on the phone cause you to cough?	NO	YES	_____

R _____ | _____ N