


Patient: _____

Physician: _____

Date: _____



AIRWAY CLEARANCE ASSESSMENT

There are no right or wrong answers to this survey.

Please answer as truthfully as possible so we can work together to find the best airway clearance treatment(s) for you and your lifestyle.

1 Which treatment methods are you currently using? Please circle the device(s)/methods you use and how frequently you use them.		How many times a day?	# minutes, # puffs or dose?	How many times a week?	
Exercise: Please specify which type: _____					
Inhaled Bronchodilators: Proventil® Ventolin® ProAir® Xopenex® Perforomist® Serevent® Spiriva® Other: _____					
Mucolytics/Mucus Thinners: Hypertonic Saline 3% 7% Other: _____					
Airway Clearance Techniques					
Positive Expiratory Pressure (PEP): PEP Valve PEP Mask					
Oscillating Positive Expiratory Pressure (OPEP): Acapella Choice® Aerobika® Lung Flute® Other: _____					
High-Frequency Chest Wall Oscillation: AffloVest® The Vest® InCourage® SmartVest® Monarch®					
Huff Coughing					
Chest Physical Therapy (CPT)					
Postural Drainage & Percussion					
Active Cycle of Breathing Techniques (ACBT)					
Autogenic Drainage					
Other: _____					
2 To what extent is each statement true for you? Check the box that applies to each statement.		Not at all true	A bit true	True	Very true
I am able to explain the benefits of airway clearance.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe airway clearance is an important part of my care and makes me healthier.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am aware of all of the airway clearance options that are available to me.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident I know how to do my airway clearance correctly.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I consistently do my airway clearance routine each day.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my current airway clearance routine.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I continue doing my airway clearance routine when I am traveling.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable doing airway clearance in front of friends/family.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to set aside time each day to perform airway clearance.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident I know how to take care of my airway clearance equipment.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know the correct order in which to use my different pulmonary treatments, including airway clearance.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Which of the following might get in the way of doing your current airway clearance routine or adding a new airway clearance option? Check all items that apply to your situation.		4 Use this space to add any thoughts not addressed in the sections above.			
High out-of-pocket cost <input type="checkbox"/>	I don't think it helps me <input type="checkbox"/>	Issues cleaning/disinfecting <input type="checkbox"/>			
It's difficult to set up <input type="checkbox"/>	I don't think I need it <input type="checkbox"/>	It may cause bleeding <input type="checkbox"/>			
It's too complicated <input type="checkbox"/>	I'm not sure why I should do it <input type="checkbox"/>	It reminds me of my disease <input type="checkbox"/>			
It takes too much time <input type="checkbox"/>	I forget to do it <input type="checkbox"/>	It's embarrassing <input type="checkbox"/>			
It disrupts my daily life <input type="checkbox"/>	It's uncomfortable/hurts <input type="checkbox"/>	I don't want others to know <input type="checkbox"/>			
I can't travel with it <input type="checkbox"/>	It makes my cough worse <input type="checkbox"/>	None of these <input type="checkbox"/>			
Prefer to exercise <input type="checkbox"/>	Gets in the way of social time <input type="checkbox"/>	Other <input type="checkbox"/>			