

Sample Patient Assessment Script: Cough

Overview: The sample script below can be used by providers to assess patients who present with cough. It was designed for use during telehealth visits, and can be edited as needed.

Standardized Initial Screening Questions		
Question	Custom Response List	
i1.	What would you like from this conversation (For example, medical advice, certain prescription, referral, or something else)?	
i2.	Do you have an unexplained, new onset of: <ul style="list-style-type: none"> • Fever greater than or equal to 100.4°F • Chills • Cough • Runny nose/congestion • Sore throats • Shortness of breath/chest tightness • Headache • Muscle pain • Severe exhaustion • Loss of taste/smell • Diarrhea, nausea or vomiting? 	Yes No
i3.	Have you previously been tested for COVID-19 (nose/mouth "swab" test)?	Yes No (skip to Qi7)
i4.	What were the COVID-19 nose/mouth "swab" test results?	Positive Negative Pending
i5.	When was your COVID-19 nose/mouth "swab" test completed?	14 days ago or more Less than 14 days ago
i6.	In the last 14 days, have you had close contact with anyone who has COVID-19 confirmed by a lab test?	Yes No
i.7	Do you have a fever?	a. Yes, I have a low fever (less than 100.4°) b. Yes, I have a high fever (100.4° or more) c. No, I do not have a fever d. I feel like I have a fever, but I haven't taken my temperature e. I don't know
i.8	How long have you had the fever?	a. Just today b. A few days c. A week d. One to four weeks e. More than a month

Cough-specific Questions

1.	Are you coughing up any mucus?	<ul style="list-style-type: none"> a. No, it's a dry cough (skip to Q3) b. I am coughing up a little bit of mucus (skip to Q2) c. I am coughing up a lot of mucus (skip to Q2)
2.	What does the mucus look like?	<ul style="list-style-type: none"> d. I am swallowing everything I cough up e. The mucus is thin f. The mucus is thick g. The mucus is brown or reddish color h. There are occasional flecks of blood i. Everything I cough up is blood
3.	When you are resting and not coughing, are you short of breath?	<ul style="list-style-type: none"> Yes No
4.	How long have you been coughing?	<ul style="list-style-type: none"> a. Just today b. A few days c. 1 week d. 10 days to 4 weeks e. More than 4 weeks
5.	Are you short of breath when you do things that normally don't make you short of breath, like moving around?	<ul style="list-style-type: none"> Yes (skip to Q6) No (skip to Q7)
6.	Please describe your shortness of breath	
7.	How would you describe your cough?	<ul style="list-style-type: none"> a. A cough from a scratchy throat b. A cough with nasal congestion (stuffy or runny nose) c. A cough from congested lungs (mucus or fluid in your chest) d. A deep cough e. None of these
8.	How often are you coughing?	<ul style="list-style-type: none"> a. Constantly (can't even have a conversation) b. In spasms that come and go c. Infrequently but steadily d. Only at night e. I cough more after eating f. I cough more when lying down g. I cough more after exercise
9.	Does your cough keep you awake at night?	<ul style="list-style-type: none"> Yes No
10.	Do you have any of these other symptoms?	<p>Yes/No</p> <ul style="list-style-type: none"> a. Runny nose b. Face pain or pressure c. Headache d. Sore throat e. Wheezing f. Swollen glands g. Chest discomfort when coughing h. Heartburn i. None of these

Cough-specific Questions

11.	Do you know people who have symptoms like yours?	Yes No I am not sure
12.	Do you now or have you ever smoked?	No (Skip to Q18) Yes, and I still smoke (Skip to Q13.) Yes, but I have quit smoking (skip to Q15)
13.	How many years have you smoked?	
14.	How many packs per day?	
15.	How many years did you smoke?	
16.	How many packs per day?	
17.	How long ago did you quit?	
18.	Is your coughing worse when you are around pollen, dust, or other things?	Yes No I don't know
19.	Have you ever been told that you have asthma, bronchitis, or lung disease?	Yes (skip to Q20) No (skip to 21) I am not sure (skip to Q21)
20.	Please share a few details about this. What were you told? Were you given some treatment for it?	
21.	Have you lost weight without trying?	Yes No
22.	Do you have a loss of appetite?	Yes No
23.	Have you been exposed to someone who has whooping cough or tuberculosis?	Yes (skip to Q24) No (skip to Q27) I don't know
24.	Please describe the exposure. For example, what were you doing and when did this happen?	
25.	Have you been outside the United States in the past 6 months? Please note this question asks you to list locations other than China, Hong Kong, South Korea, Iran, Italy and or Japan.	Yes (skip to Q26) No (skip to Q27)
26.	Describe when and where you traveled outside of the U.S.	

Cough-specific Questions (continued)

27.	What medicines or treatments have you used during your current illness?	<ul style="list-style-type: none"> a. A decongestant examples: pseudoephedrine (Sudafed) b. An antihistamine examples: loratadine (Claritin), cetirizine (Zyrtec) c. A nasal decongestant spray examples: oxymetazoline (Afrin, Dristan) d. Pain or fever medicine examples: acetaminophen (Tylenol), ibuprofen (Advil) e. Nasal rinse, sinus rinse or neti pot f. Over-the-counter cough lozenges or cough product (Mucinex, Robitussin) g. None of these (Skip to Q29)
28.	Please list the names of the medicines and amounts (doses) you have taken if not already apparent in the medical record.	
29.	Have you been treated for a cough like this in the past by a doctor or yourself?	Yes (skip to Q30) No (skip to Q31)
30.	What treatments have worked in the past? What has not worked?	
31.	Are you currently taking any medicines for your heart or blood pressure?	Yes No I am not sure
32.	Have you recently been in the hospital?	Yes (skip to Q33) No (skip to Q34)
33.	Please share a few details about when, why and for how long you were in the hospital.	
34.	Are you pregnant?	<ul style="list-style-type: none"> a. I am pregnant b. I think I may be pregnant c. I am sure I am not pregnant d. I am not sure

Standardized Closing Questions

35.	Is there anything else you would like to add?	
36.	If we have additional questions or need more information, would it be OK to call you?	Yes, I don't mind receiving a call. (skip to Q23a.) No, I'd prefer all contact about this via MyChart or similar electronic health record
37.	If we need to call you, what phone number(s) would be best to reach you?	
STOP – Get In-Person Care	Based on your answers to one or more of the questions, we recommend that you seek in-person care. Please call your doctor's office or go to an urgent care clinic about this condition.	<i>Note to providers/users: Create a skip pattern or system for flagging responses that would trigger this "STOP" notice.</i>
<i>Note to providers: If antibiotics Rx are under discussion, see this information from the CDC. Also, consider practicing patient interactions and conversations on antibiotics by visiting the Conversations for Health website</i>		

**The script was originally developed by UW Health providers and was adapted for general use by Wisconsin providers.*

