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| 1. How long has this been troubling you? 2. Less than 2 weeks 3. More than 2 weeks 4. Are you coughing up mucus? 5. Are you coughing up blood? 6. Do you have a sore throat, runny nose and sneezing? 7. Do you have any allergies? 8. Do you have difficulty breathing? 9. Do you have a fever? 10. Do you have noisy breathing when you breathe? 11. Are you breathing faster than usual? 12. In the past 6 months, have you recovered from COVID-19 infection? 13. Is your pulse (heart rate) racing faster than the normal 14. Do you have any chest pain? 15. Do you have difficulty to swallow? 16. Have you lost your appetite and weight? 17. Do you easily get breathless during activities such as climbing stairs? | 1. Viral Bronchitis 2. Bacterial Pneumonia 3. Asthma 4. Chronic Heart Failure 5. Chronic Lung Disease 6. Lung Cancer |