

## D - Resp - Unexplained Chronic Cough

Please complete the survey below.

Thank you!

### 1. Initial screening criteria

Does the participant have Unexplained Chronic Cough for longer than eight weeks?

- ☐ Yes  
☐ No  
☐ Not certain

Does the participant have a history of smoking or occupational exposures?

- ☐ Yes  
☐ No  
☐ Not certain

Does the participant have a history of pulmonary disease? (Select all that apply)

- ☐ Lung cancer  
☐ COPD  
☐ Asthma  
☐ TB infection  
☐ Bronchiectasis  
☐ Pulmonary granuloma  
☐ Idiopathic pulmonary fibrosis  
☐ Other

Has the chronic cough remained unexplained after evaluation and therapeutic intervention?

- ☐ Yes  
☐ No  
☐ Not certain

Has the participant had a chest x-ray, CT chest or bronchoscopy?

- ☐ Yes  
☐ No  
☐ Not certain

Select all that apply

- ☐ Chest X-ray  
☐ CT Chest  
☐ Bronchoscopy

Has the participant undergone spirometry evaluation (pulmonary function tests)?

- ☐ Yes  
☐ No  
☐ Not certain

Is the participant on ACE-inhibitors (example: lisinopril; captopril)?

- ☐ Yes  
☐ No  
☐ Not certain

Has postnasal drainage been addressed as a potential cause of the cough (through nasal sprays and antihistamines)?

- ☐ Yes  
☐ No  
☐ Not certain

Has gastro-esophageal disease been investigated as a possible cause of the cough?

- ☐ Yes  
☐ No  
☐ Not certain

How was it investigated? (Select all that apply)

- ☐ Trial of proton pump inhibitor  
☐ pH-impedance probe or Bravo probe  
☐ EGD/TNE  
☐ Other (H2-blocker, lifestyle change, alginates)

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Has the participant undergone allergy testing or allergy therapy?

- ☐ Yes  
☐ No  
☐ Not certain

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Has the participant undergone assessment that includes bronchial hyperresponsiveness and eosinophilic bronchitis (sputum eosinophilia or exhaled nitric oxide), or a therapeutic corticosteroid trial?

- ☐ Yes  
☐ No  
☐ Not certain

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Result

- ☐ Positive for reactive airway disease  
☐ Negative for reactive airway disease

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## 2. Treatment obtained

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Has the participant undergone any treatment for this condition?

- ☐ Yes  
☐ No  
☐ Not Certain

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Select all that apply

- ☐ Therapeutic trial of multimodality speech pathology therapy  
☐ Therapeutic trial of gabapentin/amitriptyline or other neuromodulator  
☐ Unilateral or bilateral superior laryngeal nerve block  
☐ Other

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Please Specify

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