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RESPIRATORY DISORDER QUESTIONNAIRE (To be completed by the Medical Examiner)
KUESIONER GANGGUAN PERNAPASAN *(Diisioleh Pemeriksa Kedokteran)*

1. What is the diagnosis? / *Apa diagnosisnya?*

_____

2. When was it first diagnosed? / *Kapan pertaman kali terdiagnosa?*

_____

3. Please give history of the symptoms or signs and their duration.
Berikan informasi riwayat gejala dan tanda-tanda serta jangka waktunya

Date / *Tanggal*	**Symptoms/Signs / *Tanda-tanda/Gejala***	**Duration / *jangka waktu***

4. What is the frequency of Attacks of the Respiratory disorder?
Sebutkan frekuensi terjadinya serangan gangguan pernapasan?

_____

5. When was the date of the last attack? / *Kapan serangan tersebut terjadi?*

_____

6. What is the severity of the Respiratory problem, according to the classifications given, as: -
Apa tingkatan gangguan pernapasan, berdasarkan klasifikasi seperti berikut: -
   i) Mild / *Ringan* [ ]
   ii) Moderate / *Sederhana* [ ]
   iii) Severe / *Ketara* [ ]

7. If the disorders is TB, please specify whether it is a Respiratory or non-Respiratory infection? *Jika gangguan tersebut adalah Batuk Kering (TB), jelaskan apakah merupakan TB pernapasan atau TB non pernapasan?*

_____

8. If is non-Respiratory TB, please specify which of the following organs are involved? *Jika TB non pernapasan?Jelaskan organ mana yang terinfeksi?*

   a) Gastrointestinal Tract / *Saluran gastrointestinal* [ ]
   b) Genitourinary System / *Sistem genitourinary* [ ]
   c) Central nervous System / *Sistem saraf tengah* [ ]
   d) skeletal System / *Sistem tulang* [ ]
   e) Skin / *Kulit* [ ]
   f) Eye / *Mata* [ ]
   g) Adrenal glands / *Kelenjar Adrenal* [ ]
   h) Lymph nodes / *Kelenjar Getah Bening* [ ]
   i) Scrofula / *Penyakit Kelenjar* [ ]
   j) Others (please specify) / *Lain-lain (silahkan jelaskan)* [ ]

9. Are you aware of any predisposing factors that could contribute to his / her Respiratory disorders such as: - *Apakah anda mengetahui adanya factor prediposisi yang dapat berkontribusi terhadap gangguan pernasapan Pasien seperti :*

		Comments / *Komentar*
a) Occupation / *Pekerjaan*	[ ]	_____
b) Smoking / *merokok*	[ ]	_____
c) substance Abuse / *Penyalahgunaan zat*	[ ]	_____
d) Others (please specify) / *Lain-lain (jelaskan)*		_____

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10. Is there any limitations of functional capacity termasuk kemampuan untuk work? Please provide details. *Apakah ada batasan pada kemampuan fungsi termasuk kemampuan bekerja? Berikan penjelasan*

11. Was there any in-patient hospitalisation required for management? If yes, please state: -
Apakah Pasien pernah dianjurkan untuk dirawat di Rumah Sakit? Jika ya, silahkan nyatakan: -

Date / *Tanggal*	**Test/Procedur / *Tata cara***	**Result / *Hasil***

12. Are there any family history of similar disorder?
Apakah ada riwayat kesehatan keluarga yang mengalami gangguan yang sama?

13. What were the investigations (including any pulmonary function tests) done?
Apa pemeriksaan yang dilakukan (termasuk tes fungsi pulmonary)?

Date / *Tanggal*	**Test/Procedur / *Tata cara***	**Result / *Hasil***

14. What was the treatment (including any steroids) prescribed?
Apa perawatan (termasuk apa-apa steroid) yang diberikan?

Date / *Tanggal*	**Medication / *Obat***	**Dosage / *Dos***	**Duration /*Durasi***	**Response /*Reaksi***

15. Has he / she fully recovered? / *Apakah Pasien telah sembuh sepenuhnya?*

Signature of Medical Examiner /
Tanda tangan Pemeriksa Kesehatan : ……..

Date / *Tanggal:*
……

Name / *Nama* : ... ...

Clinic Stamp /
Stempel Rumah Sakit : ……. ...