

Lung Health Check ✓

If you, your child or other family member answers “YES” to ANY of the following questions, contact your/their health care provider:

<input type="checkbox"/>	Currently smoke?
<input type="checkbox"/>	Cough regularly, with or without mucus?
<input type="checkbox"/>	Cough up blood?
<input type="checkbox"/>	Feel short of breath at rest, during physical activity or sports? (compared to others of a similar age and fitness level)
<input type="checkbox"/>	Wheeze (whistling sound in chest) or get chest tightness or chest pain?
<input type="checkbox"/>	Have any of these symptoms (cough, wheeze, chest pain, shortness of breath) at work or at school?
<input type="checkbox"/>	Wake up in the night with any of these symptoms (cough, wheeze, chest pain, shortness of breath)?
<input type="checkbox"/>	Get frequent colds that last longer than those of other people? Do your child's colds last longer than other children's?
<input type="checkbox"/>	Snore loudly or have pauses in your breathing during sleep? Tired after a normal night's sleep or sleepy during the day?

If you have any questions, call Ontario Lung Association's Lung Health Information Line at 1-888-344-LUNG (5864) email info@on.lung.ca or visit www.on.lung.ca.