

Portable Oxygen Needs

This survey will help you get oxygen to meet your needs (please circle answers and fill in blanks – feel free to write on back if needed). Your answers will help us try to match your needs to what is available.

Basic Info				
Name:	_			
Date:	_			
Payer:				
♦ Medicare				
♦ Medicaid				
♦ Insurance				
♦ Self-pay				

Wish List				
What I'd like for my oxygen if I could have anything I want:				

Current Needs

What is going on now?
What are your plans?

1. Do you get short of breath when moving around?

Yes / No / Sometimes

2. Has getting short of breath changed in past 30 days?

Same Better Worse

If you measure your oxygen level when short of breath, what is it?
 Don't know / below 80%
 80-84% / 85-89% / 90-95%

- 4. What is the longest time you spend (or plan to spend) using oxygen away from home? hours
- 5. Would you prefer to carry oxygen or pull in a cart?

Carry / Pull / Either

- 6. Do other medical problems make it hard for you to carry or pull your oxygen: Yes No Describe
- 7. What activities do (or will you do) away from home using oxygen?

Work / sports / exercise / shopping / dining / doctor / meetings / flying other: _____

Oxygen Experience

What worked and what didn't?

- 8. What problems have you had with portable oxygen you used? (circle all that apply)
 - too heavy
 - oxygen ran out too soon
 - short battery life
 - still breathless when I'm active
 - machine too big and bulky
 - machine too hard to use
 - tripping over tubing
 - other (please describe):

- 9. What do you use (or have you ever used) for oxygen when you are not at home?
 - nothing
 - ♦ tanks
 - machines (name of machines?)
- 10. **Travel:** How many times each year do you travel by plane? _____
- 11, What do or have you used oxygen for:

While at rest / Activity / Sleep

12. Who provided your oxygen?
no one bought by me
company names ______