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.

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

3. 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: ______________________

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 __________________________