Do you smoke – “yes”/”no”
Have you smoked previously – “yes”/”no”
Do you have breathing difficulties during exercise – “yes”/”no”
Do you have morning cough with sputum – “yes”/”no”

If you have ticked “yes” for one or more of the above statements will you then make an appointment with your doctor to have your lung function tested? – “yes”/”no”

If no, what is the reason?