



COPD Questionnaire

Client Information and COPD Review

Full Name

DOB

Height

Weight

Please tick the statement that fits best?

Tick

I only get breathless with strenuous exercise.

☐

I get short of breath when hurrying on level ground or walking up a slight hill.

☐

On level ground, I walk slower than people of my age because of breathlessness, or I have to stop for breath when walking at my own pace on the level.

☐

I stop for breath after walking about 100 yards or after a few minutes on level ground.

☐

I am too breathless to leave the house or I am breathless when dressing /undressing

☐

If you have a pulse oximeter. What is your reading today?

Tick

Do you smoke, if so how many?

☐

Ex Smoker, if so when did you stop?

☐

Never Smoked

☐

Yes No

Do you have any concerns about using your inhalers?

☐☐

If Yes, Please share any concerns you may have:

Would you be interested in disease education and assistance with exercise?

☐☐

Continue onto next page 

How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

Example: I am very happy **0 1 2 3 4 5** I am very sad

			SCORE
I never cough	0 1 2 3 4 5	I cough all the time	<input type="text"/> ▼
I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)	<input type="text"/> ▼
My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight	<input type="text"/> ▼
When I walk up a hill or one flight of stairs I am not breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very breathless	<input type="text"/> ▼
I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing activities at home	<input type="text"/> ▼
I am confident leaving my home despite my lung condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition	<input type="text"/> ▼
I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition	<input type="text"/> ▼
I have lots of energy	0 1 2 3 4 5	I have no energy at all	<input type="text"/> ▼
TOTAL SCORE			<input type="text"/>

Once both page are completed please send via email to: NHSH.GP55925-Reception@nhs.scot