



COPD ASSESSMENT TEST

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: **CAT**
 VERSION: 2.0 11/03/2017

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: This form should be completed during the participant's clinic visit. For each item below, have the participant select the number that best describes his/her experience.

This questionnaire will help us measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. For each item below, tell me the number that best describes you currently. Be sure to only select one response for each question.

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