

## COPD Questionnaire

Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

### **Questions:**

#### **1. How often do you cough?**

- 0 - I never cough
- 1
- 2
- 3
- 4
- 5 - I cough all the time

#### **2. How much phlegm do you feel you have on your chest?**

- 0 - I have no phlegm (mucus) on my chest at all
- 1
- 2
- 3
- 4
- 5 - My chest is full of phlegm (mucus)

#### **3. How tight is your chest?**

- 0 - My chest does not feel tight at all
- 1
- 2
- 3
- 4

- 5 - My chest feels very tight

#### **4. When do you get out of breath?**

- 0 - When I walk up a hill or a flight of stairs I am not out of breath
- 1
- 2
- 3
- 4
- 5 - When I walk up a hill or flight or stairs I am completely out of breath

#### **5. How out of breath do you get?**

- Not troubled by breathlessness except on strenuous exercise
- Short of breath when hurrying, or walking up a slight hill
- I walk slower than people the same age on level ground because of breathlessness, or I have to stop for breath when walking at my own pace
- I get short of breath after walking 100 metres or after a few minutes on level ground
- I'm too breathless to leave the house or breathless when dressing or undressing

#### **6. How much are you limited by your COPD when at home?**

- 0 - I am not limited to doing any activities at home
- 1
- 2
- 3
- 4
- 5 - I am completely limited to doing all activities at home

**7. How confident do you feel leaving your home with your lung condition?**

- 0 - I am confident leaving my home despite my lung condition
- 1
- 2
- 3
- 4
- 5 - I am not confident leaving my home at all because of my lung condition

**8. How well do you sleep?**

- 0 - I sleep soundly at night
- 1
- 2
- 3
- 4
- 5 - I do not sleep soundly because of my lung condition

**9. How much energy do you have?**

- 0 - I have lots of energy
- 1
- 2
- 3
- 4
- 5 - I have no energy at all

**10. How many COPD exacerbations have you had in the past 12 months?**

An exacerbation is where your breathlessness or cough got worse and you needed to take a rescue pack or seek medical attention (see [here](#) for more information)

- Enter number

**11. Did you go into hospital because of any COPD exacerbations?**

An exacerbation is where your breathlessness or cough got worse and you needed to take a rescue pack or seek medical attention (see [here](#) for more information)

- Yes
- No

**12. What is your smoking status?**

- Current smoker
- Ex-smoker
- Never smoked

**13. How much do you smoke? (If selected "current smoker" only)**

- <1 cigarettes or gram/day or equivalent
- 1-9 cigarettes or grams/day or equivalent
- 10-19 cigarettes or grams/day or equivalent
- 20-30 cigarettes or grams/day or equivalent
- 40+ cigarettes or grams/day or equivalent

**14. How many years have you smoked for?**

Thank you for taking the time to complete this questionnaire. Your responses will provide us with valuable insights to better understand and support your COPD care needs.

Once you have finished filling out the questionnaire, we kindly request that you either hand it in to the front desk at the surgery or email it back to us at [frimleyicb.richmondsurgery@nhs.net](mailto:frimleyicb.richmondsurgery@nhs.net). In the email subject line, please write "COPD Questionnaire FAO Care Coordinators" to ensure prompt attention.

Please remember that providing accurate personal information is vital for us to provide you with the best possible care. Your privacy and confidentiality are of utmost importance, and we assure you that all information shared will be handled with the strictest confidence and in accordance with applicable data protection regulations.