

# COPD PATIENT QUESTIONNAIRE

1. Do you currently smoke?  Yes  No
2. How many cigarettes per day do you smoke? \_\_\_\_\_ /day
3. Would you like to quit smoking now?  Yes  No
4. Do you use either a CPAP or BIPAP machine at night?  Yes  No
5. Do you have hypertension?  Yes  No
6. Have you been told you have Congestive Heart Failure or Coronary Artery Disease?  Yes  No
7. Do you have diabetes?  Yes  No
8. How many times have you had to visit your physician's office in the past year? \_\_\_\_\_ times
9. How many emergency room or hospital visits have you had in the last year? \_\_\_\_\_ times
10. What medication do you take for your lung disease? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Has pulmonary rehab been recommended and have you attended?  Yes  No  
If no, please explain? \_\_\_\_\_  
\_\_\_\_\_

# COPD READMISSION QUESTIONNAIRE

1. Have you had a previous admission to any hospital within the last month?  Yes  No
2. Why did you come back to the hospital? \_\_\_\_\_
3. What do you believe could have been done differently to help prevent you from being re-admitted? \_\_\_\_\_  
\_\_\_\_\_
4. Did you attend the free classes offered by the Halifax Health-Pulmonary Services?  Yes  No
5. If no, why not? \_\_\_\_\_
6. What was the length of stay on your previous admission? \_\_\_\_\_



# COPD SCENARIO SCORECARD

CAT score	Impact Level	Broad clinical picture of the impact of COPD by CAT score	Possible management considerations
>30	Very High	Their condition stops them doing everything they want to do and they never have any good days. If they can manage to take a bath or shower, it takes them a long time. They cannot go out of the house for shopping or recreation, or do their housework. Often, they cannot go far from their bed or chair. They feel as if they have become an invalid.	<p>Patient has significant room for improvement. In addition to the guidance for patients with low and medium impact CAT scores consider:</p> <ul style="list-style-type: none"> <li>› Referral to specialist care (if you are a primary care physician)</li> </ul> <p>Also consider:</p>
>20	High	COPD stops them from doing most things that they want to do. They are breathless walking around the home and when bathing or dressing. They may be breathless when they talk. Their cough makes them tired and their chest symptoms disturb their sleep on most nights. They feel exercise is not safe for them and everything they do seems too much effort. They are afraid and panic and do not feel in control of their chest problem.	<ul style="list-style-type: none"> <li>› Additional pharmacological treatments</li> <li>› Referral for pulmonary rehabilitation</li> <li>› Ensuring best approaches to minimizing and managing exacerbations</li> </ul>
10-20	Medium	COPD is one of the most important problems that they have. They have a few good days a week, but cough up sputum on most days and have one or two exacerbations a year. They are breathless on most days and usually wake up with chest tightness or wheezing. They get breathless when bending over and can only walk up a flight of stairs slowly. They either do their housework slowly or have to stop for rests.	<p>Patient has room for improvement - optimize management. In addition to the guidance provided for patients with low impact CAT scores consider:</p> <ul style="list-style-type: none"> <li>› Reviewing maintenance therapy - is it optimal?</li> <li>› Referral for pulmonary rehabilitation</li> <li>› Ensuring best approaches to minimizing and managing exacerbations</li> <li>› Reviewing aggravating factors - is the patient still smoking?</li> </ul>
<10	Low	Most days are good, but COPD causes a few problems and stops them from doing one or two things that they would like to do. They usually cough several days a week and get breathless when playing sports and games and when carrying heavy loads. They have to slow down or stop when walking up hills or if they hurry when walking on level ground. They get exhausted easily.	<ul style="list-style-type: none"> <li>› Smoking cessation</li> <li>› Annual influenza vaccination</li> <li>› Reduce exposure to exacerbation risk factors</li> <li>› Therapy as warranted by further clinical assessments</li> </ul>
5		Upper limit of normal in healthy non-smokers	



# HOW IS YOUR COPD?

## Take the COPD Assessment Test

This questionnaire will help you and your healthcare professional measure the impact Chronic Obstructive Pulmonary Disease (COPD) 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.

Your Name:

Today's date:

Use the 0-5 scale in each of the following categories to assess your COPD.

SCORE

### COUGHING

I never cough	0	1	2	3	4	5	I cough all the time	<input type="text"/>
---------------	---	---	---	---	---	---	----------------------	----------------------

### CONGESTION

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"/>
---	---	---	---	---	---	---	---	----------------------

### TIGHTNESS

My chest does not feel tight at all	0	1	2	3	4	5	My chest feels very tight	<input type="text"/>
-------------------------------------	---	---	---	---	---	---	---------------------------	----------------------

### BREATHING

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"/>
---	---	---	---	---	---	---	--	----------------------

### ACTIVITY

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"/>
---	---	---	---	---	---	---	--	----------------------

### CONFIDENCE

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"/>
--	---	---	---	---	---	---	--	----------------------

### SLEEPING

I sleep soundly	0	1	2	3	4	5	I don't sleep soundly because of my lung condition	<input type="text"/>
-----------------	---	---	---	---	---	---	--	----------------------

### ENERGY

I have lots of energy	0	1	2	3	4	5	I have no energy at all	<input type="text"/>
-----------------------	---	---	---	---	---	---	-------------------------	----------------------

TOTAL SCORE

