ID : _____

Gender : Male ☐ Female ☐

Age : _____

Hospitalized Date : Date_____Month_____Year_____

Signature : _____

How is your COPD?

For each item below, place a mark (√) in the box that best describes your experience.

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	☐
I have no phlegm (mucus) in my chest at all	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)	☐
My chest does not feel tight at all	0 1 2 3 4 5	My chest feels very tight	☐
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	☐
I am not limited doing any activities at home	0 1 2 3 4 5	I am very limited doing activities at home	☐
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	☐
I sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition	☐
I have lots of energy	0 1 2 3 4 5	I have no energy at all	☐

SCORE ☐☐