

## Chronic Obstructive Pulmonary Disease Questionnaire

### Contact Details

Name:

Date of Birth:

Home Phone:

Mobile Phone:

Address:


Postcode:

Email:

### Questionnaire

1. When was your COPD diagnosed?

Less than 5 years ago
More than 5 years ago
More than 10 years ago

2. Please rate your breathlessness related to activities

Grade 1 : Not troubled by breathlessness except on strenuous exercise
Grade 2: Short of breath when hurrying on the level or walking up a slight hill
Grade 3: Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
Grade 4: Stops for breath after walking about 100 yards or after a few minutes on level ground
Grade 5: Too breathless to leave the house, or breathless when undressing

3. How often do you use your blue inhaler?

Daily
Weekly
Monthly
Annually
Other, see below for details

*Details of inhaler use:*

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4. How many chest infections have you had in the last 12 months?

1
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2
3
4
5

Other, see below for details

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5. How many COPD-related hospital admissions have you had in the last 12 months?

1
2
3 or more

6. Are you happy with your inhaler technique?

Yes
No

*If you are not, did you know there is an online demonstration on the Asthma UK website or you could pop in and see our practice nurse for more advice.*

7. Do you have a standby prescription for antibiotics and steroids?

Yes
No

8. Do you have your annual 'flu vaccinations?

Yes
No

9. Have you ever smoked?

Yes
No

*If "Yes", please answer the following:*

Do you smoke now?

Yes
No

If "Yes", how many do you smoke each day?

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If "No", when did you quit?

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There are plenty of options available to help you quit. Is this something you would like us to contact you about?

Yes
No