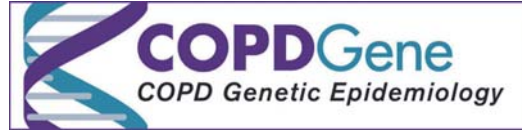




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Interviewer (initials)

Three empty boxes for initials

COPD Gene ID

Seven empty boxes for ID

Month

Two empty boxes for month

Day

Two empty boxes for day

Year

Four empty boxes for year

Center (eg, NJC)

Four empty boxes for center

COPD Assessment Test

For each item below, select the box that best describes you currently. Select only one answer for each question.

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

