



## COPD Assessment Test

This questionnaire will measure the impact COPD is having on your wellbeing and daily life. Your answers can be used by you and your healthcare provider to improve the management of your COPD and get the greatest benefit from treatment.

For each item below mark the rating that best describes your current health condition.  
Only select one response for each question.

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