Date:	_		
Name:	Date of bir	th:	
Before you come to your COPD Review Appointment, Please complete this short questionnaire as it will help us to understand the impact that COPD has on your wellbeing and daily life.			
Instructions : For each question below, please put an 'X' in the box that best describes how you are at the moment. Please only choose one answer for each question. Put the number relating to your answer in the circle on at the end. When you have finished all 8 questions, please add up your total score in the square box at the bottom.			
Example: I am very happy	0 (2 (3 (4 (5)	I am very sad	1
I never cough	012345	I cough all the time	
I have no phlegm (mucus) in my chest at all	012345	My chest is completely full of phlegm (mucus)	
My chest does not feel tight at all	012345	My chest feels very tight	
When I walk up a hill or one flight of stairs I am not breathless	012345	When I walk up a hill or one flight of stairs I am very breathless	
I am not limited doing any activities at home	012345	I am very limited doing activities at home	
I am confident leaving my home despite my lung condition	012345	I am not at all confident leaving my home due to my lung condition	
I sleep soundly	012345	I don't sleep soundly due to my lung condition	
I have lots of energy	012345	I have no energy at all	
	COPO Assessment Test.	Total Score	