

COPD QUESTIONNAIRE

Please **circle** the number of the response that best describes how you have been feeling during the **past week**. (Only **one** response for each question).

NAME

Date of Birth

On average, during the past week , how often did you feel:	NEVER	Hardly Ever	A Few Times	Several times	Many Times	All the Time
Do you cough during the day ?	1	2	3	4	5	6
Do you bring up Phelgm or Mucus	1	2	3	4	5	6
Do you get out of breath more easily than others at your age	1	2	3	4	5	6

Patient EMIS number

Strictly Confidential and Private