

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**How is your COPD? Take the COPD Assessment Test™ (CAT)**

This questionnaire will help you and your healthcare professional to measure the impact that COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers and test score can be used by you and your healthcare professional to help improve the management of your COPD and gain the greatest benefit from the treatment.

For each item below, place a mark (X) in the box that best describes your current situation. Please ensure that you only select one response for each question.

Example: I am very happy

0	X <sup>1</sup>	2	3	4	5
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I am very sad

Score
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I never cough

0	1	2	3	4	5
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I cough all the time

I have no phlegm (mucus) on my chest at all

0	1	2	3	4	5
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My chest is full of phlegm (mucus)

My chest does not feel tight at all

0	1	2	3	4	5
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My chest feels very tight

When I walk up a hill or a flight of stairs I am not out of breath

0	1	2	3	4	5
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When I walk up a hill or a flight of stairs I am completely out of breath

I am not limited to doing any activities at home

0	1	2	3	4	5
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I am completely limited to doing all activities at home

I am confident leaving my home despite my lung condition

0	1	2	3	4	5
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I am not confident leaving my home at all because of my lung condition

I sleep soundly

0	1	2	3	4	5
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I do not sleep soundly because of my lung condition

I have lots of energy

0	1	2	3	4	5
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I have no energy at all

**Total Score**