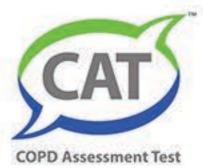


Your name:

Today's date:



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

This questionnaire will help you and your healthcare professional measure the impact 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 get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

imple: I am very happy	0 (2 (3) (4) (5)	I am very sad
never cough	0 1 2 3 4 5	I cough all the time
have no phlegm (mucus) my chest at all	0 1 2 3 4 5	My chest is completely full of phlegm (mucus)
chest does not el tight at all	0 1 2 3 4 5	My chest feels very tight
hen I walk up a hill or e flight of stairs I am t breathless	0 1 2 3 4 5	When I walk up a hill or one flight of stairs I am very breathless
m not limited doing y activities at home	0 1 2 3 4 5	I am very limited doing activities at home
m confident leaving home despite my ng condition	0 1 2 3 4 5	I am not at all confident leaving my home because of my lung condition
sleep soundly	0 1 2 3 4 5	I don't sleep soundly because of my lung condition
have lots of energy	0 1 2 3 4 5	I have no energy at all