

Bridge Cottage - COPD

Patient	
Name: _____	NHS Number: _____
Address: _____ _____	Date of Birth: _____
Telephone: _____	Mobile Tel.: _____
Done By	
Name: _____	Date: _____

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COPD Review

All questions marked with a * should be answered.

1. COPD Review

Please only complete the following questionnaire if requested by your GP practice as part of your routine COPD review.

This questionnaire is for a routine review of your COPD symptoms. If you are experiencing shortness of breath at present, please follow your care plan (if you have one) or ring your GP or 999 immediately.

1*. Please select the best description of your cough from the list below:

- No Cough
- Dry Cough
- Productive Cough - Clear Sputum
- Productive Cough - Green Sputum
- Productive Cough - Yellow Sputum
- Sputum Appearance - Frothy/Watery
- Unable To Cough Up Sputum

2*. Please select the best description of your symptoms at night:

- No cough
- Cough
- Cough and wheeze
- Difficulty breathing (breathlessness / shortness of breath)

3*. Please select the best description of your breathing at night:

- No breathlessness (normal breathing)
- Breathlessness when lying flat
- Severe breathlessness that wakes you up

4*. Please select the answer that best describes your breathing:

- I am short of breath only on strenuous exercise
- I am short of breath when hurrying or walking up a slight hill
- I walk slower than contemporaries (peers) on level ground due to breathlessness or stop if walking at my own pace
- I stop for breath after walking 100 yards or after a few minutes on level ground
- I am breathless when dressing or am too breathless to leave the house

5*. How many COPD exacerbations (attacks) have you had in the past year?

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6*. How many hospital admissions have you had due to your COPD in the past year?

2. COPD Assessment Test Score

The COPD Assessment Test provides a score to help you and your healthcare provider determine if your COPD symptoms are well controlled.

Please select a score of 0 to 5 to help assess the severity of your symptoms.

1*. Cough

- 0 = I never cough
- 1
- 2
- 3
- 4
- 5 = I cough all the time

2*. Phlegm / Mucous

- 0 = I have no phlegm (mucus) in my chest at all
- 1
- 2
- 3
- 4
- 5 = My chest is completely full of phlegm (mucus)

3*. Chest Tightness

- 0 = My chest does not feel tight at all
- 1
- 2
- 3
- 4
- 5 = My chest feels very tight

4*. Breathlessness

- 0 = When I walk up a hill or one flight of stairs I am not breathless
- 1
- 2
- 3
- 4
- 5 = When I walk up a hill or one flight of stairs I am very breathless

5*. Activities

- 0 = I am not limited at all doing any activities at home
- 1
- 2
- 3
- 4
- 5 = I am very limited doing activities at home

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6* Confidence

- 0 = 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 lungs

7* Sleep

- 0 = I sleep soundly
- 1
- 2
- 3
- 4
- 5 = I don't sleep soundly because of my lung condition

8* Energy

- 0 = I have lots of energy
- 1
- 2
- 3
- 4
- 5 = I have no energy at all

COPD Assessment Test Score - Please click 'Calculate Score' below to work out your score is and what it means.

Very High: If your score is >30 - There is significant room for improvement in the management of your COPD

High: If your score is 20-30 - There is room for improvement in the management of your COPD

Medium: If your score is 10-20 - There is room for optimisation in the management of your COPD

Low: If your score is <10 - Your COPD is well managed at present

3. Inhaler Technique

It is essential to have a good inhaler technique to ensure that your medication gets to the part of your lungs that need it. Please watch the specific inhaler video below to check that you are using your inhalers correctly:

COPD Foundation Videos - <https://www.copdfoundation.org/Learn-More/For-Patients-Caregivers/Educational-Video-Series/Inhaler-Training-Videos.aspx>

1* I have watched the above relevant inhaler technique videos and am happy with my inhaler technique

- Yes
- No

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4. Lifestyle - Alcohol

1. How often do you have a drink containing alcohol?
 - Never
 - Monthly or less
 - 2-4 times a month
 - 2-3 times a week
 - 4 times or more a week
2. How many units of alcohol do you drink on a typical day drinking? Please see: <https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator>
 - 1-2
 - 3-4
 - 5-6
 - 7-9
 - 10+
3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily

5. Lifestyle - Smoking

- 1*. Do you smoke?
 - Never smoked
 - Ex-smoker
 - Trivial smoker (less than 1 cigarette per day)
 - Light smoker (1-9 cigarettes per day)
 - Moderate smoker (10-19 cigarettes per day)
 - Heavy smoker (20-39 cigarettes per day)
 - Very heavy smoker (40 or more cigarettes per day)
2. Do you use an e-cigarette?
 - No
 - Ex-User
 - Yes
3. If you smoke, would you like help to quit smoking? (For further information, please see: www.nhs.uk/smokefree for details of how to access local clinics)
 - Yes
 - No
4. How tall are you? (m)

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5. How much do you weigh? (Kg)

6. If you have a blood pressure machine at home, what is your average systolic (top number) reading? (mmHg)

7. If you have a blood pressure machine at home, what is your average diastolic (bottom number) reading? (mmHg)

6. Further Questions

1. I have the following questions that I would like to raise with my COPD Nurse or Doctor:

Please see the following links for further information on COPD that you may find useful:

NHS - <http://www.nhs.uk/conditions/Chronic-obstructive-pulmonary-disease/Pages/Introduction.aspx>

Patient.Info - <http://patient.info/health/chronic-obstructive-pulmonary-disease-leaflet>

British Lung Foundation - <https://www.blf.org.uk/support-for-you/copd>

When you are happy with all your above answers, please click 'Submit' below and the questionnaire will be automatically sent to your GP practice. Depending upon your answers and your other medical conditions, you will be contacted if you need to be seen in clinic for a further assessment. Should your symptoms change, please seek medical advice and book an appointment if required.

