Ringwood Medical Practice
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FULL NAME: _____

DATE OF BIRTH: _____

COPD REVIEW

Height	
Weight	
Blood Pressure	

This questionnaire is for a routine review of your COPD symptoms, please complete this ahead of your appointment and bring it with you, or return it ahead of time. If you have not already booked your review, please do so by calling 01425 478901.

COPD Review

Coughing: Please select the best description of your cough

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 ☐		

Night Symptoms: Please select the best description of your night symptoms

No cough ☐	Cough ☐	Cough and wheeze ☐
Difficulty breathing: Breathlessness/shortness of breath ☐		

Breathing at Night: Please select the best description of your breathing at night

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

Swelling/Oedema: Please select any symptoms of swelling (oedema) that apply to you

No swelling ☐	Sweeling of feet only ☐	Sweeling up to ankles ☐
Swelling up to legs ☐	Swelling up to thighs ☐	

Breathing: Please select the best description of 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 my 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 walking on level ground ☐	I am breathless when dressing or I am too breathless to leave the house ☐	

Exacerbations: How many COPD exacerbations (attacks) have you had in the past year?

Hospital Admissions: How many hospital admissions have you had due to COPD in the past year?

Inhaler Technique

It is essential to have good inhaler technique to ensure that your medication gets to the part of your lungs that need it. If possible, please visit www.copdfoundation.org/Learn-More/Educational-Materials-Resources/Educational-Video-Series.aspx and watch the specific inhaler video to ensure you are using your inhalers correctly.

I have watched the relevant video and I am happy with my inhaler technique:

Yes ☐	No ☐	I would like to discuss my inhaler technique at my appointment ☐

Further Questions

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

Lifestyle: Alcohol

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 a week or more ☐	

How many units of alcohol do you consume on a typical day drinking?

1-2 ☐	3-4 ☐	5-6 ☐
7-9 ☐	10+ ☐	

How often have you, as a woman, had 6 or more units or, as a man, had 8 or more units in a single occasion in the last year?

Never ☐	Less than monthly ☐	Monthly ☐
Weekly ☐	Daily, or almost daily ☐	

Lifestyle: Smoking

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) ☐		

Do you use an e-cigarette?

No ☐	Ex-user ☐	Yes ☐

If you do you smoke, would you like help to quit smoking?

Yes ☐	No ☐

Giving up smoking is the best thing you can do for your health and you're up to four times more likely to give up with help from your local stop smoking service. An online secure referral form can be found at www.smokefreehampshire.co.uk, you can email smokefree.hampshire@nhs.net , telephone 01264 563039 / 0800 772 3649 or text QUIT to 66777.

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.

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

Phlegm	0	1	2	3	4	5	
I have no phlegm (mucus) on my chest at all							My chest is full of phlegm (mucus)

Chest	0	1	2	3	4	5	
My chest does not fell tight at all							My chest feels very tight

Breathlessness	0	1	2	3	4	5	
When I walk up a flight of stairs or a hill I am not out of breath							When I walk up a flight of stairs or a hill I am completely out of breath

Activities	0	1	2	3	4	5	
I am not limited to doing any activities at home							I am completely limited to doing activities at home

Confidence	0	1	2	3	4	5	
I am confident leaving my house despite my lung condition							I am not confident leaving my house

Sleep	0	1	2	3	4	5	
I sleep soundly							I do not sleep soundly

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

Score:

Very High:	If your score is >30.	There is significant room for improvement in your COPD management
High:	If your score is 20-30.	There is room for improvement in your COPD management
Medium:	If your score is 10-20.	There is room for optimisation in your COPD management
Low:	If your score is <10.	Your COPD is well managed.

Your answers will always be seen by one of the practice team who will be in touch, if necessary.