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# CLINICAL COPD QUESTIONNAIRE

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**Information:**

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Patient number: \_\_\_\_\_

Date: \_\_\_\_\_

## CLINICAL 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).

On average, <b>during the past week</b> , how often did you feel:	never	hardly ever	a few times	several times	many times	a great many times	almost all the time
1. Short of breath <b>at rest</b> ?	0	1	2	3	4	5	6
2. Short of breath <b>doing physical activities</b> ?	0	1	2	3	4	5	6
3. <b>Concerned</b> about getting a cold or your breathing getting worse?	0	1	2	3	4	5	6
4. <b>Depressed (down)</b> because of your breathing problems?	0	1	2	3	4	5	6
In general, <b>during the past week</b> , how much of the time:							
5. Did you <b>cough</b> ?	0	1	2	3	4	5	6
6. Did you <b>produce phlegm</b> ?	0	1	2	3	4	5	6
On average, <b>during the past week</b> , how limited were you in these activities <b>because of your breathing problems</b> :	not limited at all	very slightly limited	slightly limited	moderately limited	very limited	extremely limited	totally limited /or unable to do
7. <b>Strenuous physical activities</b> (such as climbing stairs, hurrying, doing sports)?	0	1	2	3	4	5	6
8. <b>Moderate physical activities</b> (such as walking, housework, carrying things)?	0	1	2	3	4	5	6
9. <b>Daily activities at home</b> (such as dressing, washing yourself)?	0	1	2	3	4	5	6
10. <b>Social activities</b> (such as talking, being with children, visiting friends/ relatives)?	0	1	2	3	4	5	6