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 hox that hest describes you currently Re-

for each question.	* *	urrently. De sure to only select one respons
Example: I am very happy	00000	I am very sad
I never cough	000000	I cough all the time
I have no phlegm (mucus) in my chest at all	000000	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	000000	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	000000	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	000000	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	000000	I am not at all confident leaving my home because of my lung condition
I sleep soundly	000000	I don't sleep soundly because of my lung condition
I have lots of energy	000000	I have no energy at all

COPD Assessment Test and the CAT logo is a trade mark of the GlaxoSmithKline group of companies. © 2009 GlaxoSmithKline group of companies. All rights reserved. Last Updated: February 24, 2012