

A

Name	Fiona Monk		
Age	70	Gender	Female
FEV₁ % predicted	63	BMI	28
Smoking	30 pack years. still has 3-4 cigarettes a day		
Background Notes	Used to work in an old people's home. Husband died from lung cancer 10 years ago. She still lives in the same house as she did with her husband, but her friends have moved or passed away. She lives on tea and toast, and worries about being alone at night. Doesn't go out much by herself		
Medical History	Suffered from winter chest infections for a number of years, and used husband's inhaler for relief. She had an infection that wouldn't go away 10 years ago, and was told she had COPD. She stopped smoking, but still has a couple of cigarettes a day when she needs a pick-me-up. Gets breathless when she does the vacuuming and changes the bedding. Her sleep is disturbed, she is tired but often finds she is unable to fall asleep, and usually wakes up early		
Drug history	Symbicort 200 (turbuhaler) & theophylline which she "takes when she needs it". Poor inhaler technique		
Patient Issues	<ul style="list-style-type: none"> Poor appetite & diet Poor sleeping / early waking Depression / dysphoria Low activity level Poor compliance 		

B

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.

Example: I am very happy 0 1 2 3 4 5 I am very sad

Question	0	1	2	3	4	5	Score
I never cough	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
I cough all the time	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
I have no phlegm (mucus) in my chest at all	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
My chest is completely full of phlegm (mucus)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
My chest does not feel tight at all	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
My chest feels very tight	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
When I walk up a hill or one flight of stairs I am not breathless	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
When I walk up a hill or one flight of stairs I am very breathless	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
I am not limited doing any activities at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4
I am very limited doing activities at home	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
I am confident leaving my home despite my lung condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	4
I am not at all confident leaving my home because of my lung condition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
I sleep soundly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	4
I don't sleep soundly because of my lung condition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
I have lots of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	4
I have no energy at all	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23