

**Protocol Identifier  
SCO114293**

[Link to video of case 4](#)

**Assessors Assessment Form**

Assessor Identifier   
 Physician Identifier   
 Consultation

<b>Case: 4</b>	<b>identified</b>	<b>addressed</b>	<b>Score</b>
Identifies continued smoking	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="4"/>
Manages CV risk	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="3"/>
Identifies restriction in activities	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
Identify poor exercise regimen	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>
Identify poor treatment compliance	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="4"/>
<b>Total Score (A / 20)</b>			<input type="text" value="14"/>

	<b>Score</b> 0 = Not None 1 = Some 2 = High
Review of cough	<input type="text" value="2"/>
Review of mucus	<input type="text" value="2"/>
Review of chest tightening	<input type="text" value="1"/>
Review of breathlessness	<input type="text" value="2"/>
Review of daily activities	<input type="text" value="2"/>
Review of confidence	<input type="text" value="0"/>
Review of sleep	<input type="text" value="0"/>
Review of energy levels	<input type="text" value="0"/>
Review of exacerbations	<input type="text" value="0"/>
Review of smoking status	<input type="text" value="2"/>
<b>Total (B / 20)</b>	<input type="text" value="11"/>

**ASSESSMENT SCORE (A + B):**

**TIME TAKEN FOR CONSULTATION:**

**DIAGNOSIS GIVEN BY PHYSICIAN:**

**DIAGNOSIS SCORE (0 = poor, 1 = acceptable, 2 = accurate):**

**OVERALL ASSESSMENT GRADING (0 = very poor, 1 = poor, 2 = good, 3 = very good):**