

Questions

Items

Date of visit	
ID number	
gender	
Date of birth	
Adress (postal code)	Outside France, Country
Occupation	1/Farmers 2/craftsmen 3/managers 4/intermediate occupation 5/employees 6/workers 7/retired 8/no professional activity
Habits	home / institution
Location of birth	City/department/country
Family status	couple/unmarried/divorced/ widow
Social Insurance	
Adressed by	
CLINIC	
Height/ Weight	(cm)/(Kg)
Blood pressure	(max/min mmHg)
Pulse	(nb pulsations/min)
Risk factor	
Smoking <i>Number pack years</i>	yes/no if yes, past smoker or active smoker
Minimal advice	Yes/no
e-cigarette	Yes/no
Environment	
Job exposure	
Genetic predisposition	alpha 1 antitrypsin deficiency
Clinical examination	
Purpose of the visit*	
Year of first symptoms	
Cough*	Yes/no
Phlegm*	Yes/no
Dyspnea/MRC	
Chest pain *	Yes/no
Exacerbations*	(nb/year)
Daily time of walking	
	(min)
Pulmonary examination	
Spirometry	
FEV1 (post bronchodilatator)*	(L)
LVC or FVC*	(L)
TPC	(% predicted)

RV	(% predicted)
TLCO/VA	(% predicted)
IC	(% predicted)
Blood gases	
SaO2	(%)
PaO2	(mmHg)
PaCO2	(mmHg)

Exercise

6 minutes walking test (meters)

COMORBIDITIES

OAS Yes/no

Asthma Yes/no

bronchiectasis Yes/no

Cancer Yes/no

Cardio-vascular

Hypertension Yes/no

Ischemic cardiopathy Yes/no

Heart rhythm disorder Yes/no

Left cardiac insufficiency Yes/no

Atheroma Yes/no

Vascular Stroke Yes/no

Pulmonary hypertension Yes/no

Arteriopathy Yes/no

METABOLIC

Diabetes Yes/no

Dyslipidemia Yes/no

Metabolic syndrome Yes/no

Denutrition Yes/no

Osteoporosis Yes/no

Depression Yes/no

Anxiety Yes/no

Rhinitis/rhinosinusitis Yes/no

Treatment

COPD medication Link with VIDAL database

Compliance Good/moderate/low

Oxygen therapy Long term /Nocturnal /during walking/short term

Non invasive ventilation Yes/no

Continue Positive Pressure	Yes/no
Smoking cessation management	Yes/no
NRT use	Yes/no
Physiotherapy breathing	Yes/no
Therapeutic education	Yes/no
Respiratory rehabilitation	Yes/no

PREVENTION

Influenza and pneumococcal Vaccinations	Yes/no
Psychological support	Yes/no
Exacerbations : action plan	Yes/no ; written/oral
Physical activity	Yes/no

Next visit	15 days/1month/3months/6months/1year
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