

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
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 X

0	1	2	3	4	5
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 I am very sad

		SCORE						
I never cough	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I cough all the time
0	1	2	3	4	5			
I have no phlegm (mucus) in my chest at all	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	My chest is completely full of phlegm (mucus)
0	1	2	3	4	5			
My chest does not feel tight at all	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	My chest feels very tight
0	1	2	3	4	5			
When I walk up a hill or one flight of stairs I am not breathless	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	When I walk up a hill or one flight of stairs I am very breathless
0	1	2	3	4	5			
I am not limited doing any activities at home	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I am very limited doing activities at home
0	1	2	3	4	5			
I am confident leaving my home despite my lung condition	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition
0	1	2	3	4	5			
I sleep soundly	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I don't sleep soundly because of my lung condition
0	1	2	3	4	5			
I have lots of energy	<table border="1" style="display: inline-table;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0	1	2	3	4	5	I have no energy at all
0	1	2	3	4	5			

TOTAL SCORE

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