



Your name: _____

Today's date: _____

How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional to measure the impact that 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 gain the greatest benefit from the treatment.

For each item below, place a mark (X) in the box that best describes your current situation. Please ensure that you only select one response for each question.

Example: I am very happy

| | | | | | |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

 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 | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| I have no phlegm (mucus) on 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 full of phlegm (mucus) | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| When I walk up a hill or a flight of stairs I am not out of breath | <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 a flight of stairs I am completely out of breath | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| I am not limited to 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 completely limited to doing all activities at home | <input type="checkbox"/> |
| 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 confident leaving my home at all because of my lung condition | <input type="checkbox"/> |
| 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 do not sleep soundly because of my lung condition | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | | | | |
| TOTAL SCORE | | | <table border="1" style="display: inline-table;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table> | | | | | | |
| | | | | | | | | | |

A COPD assessment test was developed by an interdisciplinary group of international COPD experts with support from GSK. GSK's activities in connection with the COPD assessment test are monitored by a supervisory council that includes external, independent experts, one of which is chair of the council.
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