## THE CANADIAN LUNG ASSOCIATION BREATHE Better — Stay STRONG

## **MODULE 8** ADVANCE PLANNING AND SELF-MANAGEMENT

## **COPD Assessment Test<sup>™</sup> (CAT)**

COPD Assessment Test

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, mark the box that best describes you currently. Be sure to only select one response for each question.

Your name:	Date:
I never cough	I cough all the time
l have no phlegm (mucus) in my chest at all	My chest is completely full of phlegm
My chest does not feel tight at all	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	I am not at all confident leaving my home because of my lung condition
I sleep soundly	I don't sleep soundly because of my lung condition
I have lots of energy	I have no energy at all

## Total Score: \_\_\_\_\_

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. Specific medical advice should be sought from a qualified medical practitioner. CAT, COPD Assessment Test and the CAT logo are trademarks of the GSK group of companies ©2009 GSK. All rights reserved.