

This survey asks questions about you, your breathing and what you are able to do. To complete the survey, mark an X in the box that best describes your answer for each question below.

1. During the past 4 weeks, how much of the time did you feel short of breath?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2

2. Do you ever cough up any 'stuff,' such as mucus or phlegm?

No, never	Only with occasional colds or chest infections	Yes, a few days a month	Yes, most days a week	Yes, every day
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2

3. Please select the answer that best describes you in the past 12 months. I do less than I used to because of my breathing problems.

Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

No	Yes	Don't know
<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 0

5. How old are you?

Age 35 to 49	Age 50 to 59	Age 60 to 69	Age 70+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2

How to score the survey: In the spaces below, write the number that is next to your answer for each of the questions. Add the numbers to get the total score. The total score can range from 0 to 10.

_____	+	_____	+	_____	+	_____	+	_____	=	_____
#1		#2		#3		#4		#5		TOTAL SCORE

If your total score is between 0 and 4: Although you may have a low score, if you experience problems with your breathing, please share the results of this survey with your doctor—along with your smoking history and breathing problems. Your doctor can help evaluate any type of breathing problem you may have (you may require a breathing test).

If your total score is between 5 and 10: You may have breathing problems that could be related to COPD (which includes chronic bronchitis and emphysema). The higher your score, the more likely it is that you have COPD. This is a serious lung disease that gradually gets worse over time. COPD is the 2nd leading cause of disability and 4th leading cause of death in the U.S. Please share the results of this survey with your doctor, who can help evaluate your breathing problems by performing a simple breathing test (known as spirometry) and confirm if you have COPD.

The COPD screener you took has been tested and validated in a general population of patients 35 years and older.