Your Name: _____ Today's Date: _____

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

This questionnaire will help you and your health care professional to measure the impact that Chronic Obstructive Pulmonary Disease (COPD) is having on your well-being in daily life. Your answers and test score can be used by you and your health care 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

I never cough — I cough all the time

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

I have no congestion in my chest — My chest is full of phlegm

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

My chest does not feel tight at all — My chest feels very tight

☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

When I walk up a hill or a flight of stairs (14 steps) I am not out of breath — When I walk up a hill or a flight of stairs I am out of breath

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

I am not limited to doing my activities at home — I am completely limited to doing all my activities at home

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

I sleep soundly — I do not sleep soundly because of my condition

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

I have lots of energy — I have no energy at all

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Score:

Modified MRC Dyspnea Scale

PLEASE TICK THE BOX THAT APPLIES TO YOU | **ONE BOX ONLY**

mMRC Grade 0	I only get breathless with strenuous exercise	☐
mMRC Grade 1	I get short of breath when hurrying on the level or walking up a slight hill	☐
mMRC Grade 2	I walk slower than people of the same age on the level because of my breathlessness, or I have to stop for a breath when walking on my own pace on the level	☐
mMRC Grade 3	I stop for breath after walking about 100 meters or after a few minutes on the level	☐
mMRC Grade 4	I am too breathless to leave the house or I am breathless when dressing or undressing	☐

Home Rehab Network 6MWT

Respiratory Therapist:_____

Patient Name:_____

Date of Birth:___/___/_____ Date:___/___/_____

Pre-Blood Pressure: ____/____

Post-Blood Pressure: ____/____

START	3 Minutes	6 Minutes
O2 Liters: ____	O2 Liters: ____	O2 Liters: ____
SpO2: _____	SpO2: _____	SpO2: _____
HR: _____	HR: _____	HR: _____
BORG: _____	BORG: _____	BORG: _____
PAIN: _____	PAIN: _____	PAIN: _____

6MWT: Total Laps =

1 Lap = _____

Total Distance (LAPS x Ft Walked) = _____