

# Does COPD (chronic bronchitis and/or emphysema) affect what you can do?

*Your answers can help you talk with your doctor about how COPD may be affecting you*

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What is a typical activity you do nearly every day (eg, walking, climbing stairs, shopping, etc)?

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2. Have you been doing this activity more, less, or the same since your last visit?

MORE     LESS     SAME

3. What symptoms have you had since your last visit?

COUGH     SHORTNESS OF BREATH     WHEEZING     COUGHING UP PHLEGM

4. Have the above symptoms worsened, improved, or stayed the same since your last visit (for example, shortness of breath or cough)?

WORSENERD     IMPROVED     STAYED THE SAME

5. Have you had to reduce your activities because of shortness of breath or any other symptoms?

YES     NO

Please complete this card, give it to your doctor—and fill out a new card during your next visit