How often do you cough?

* 0 - I never cough
* 1
* 2
* 3
* 4
* 5 - I cough all the time

How much phlegm do you feel you have on your chest?

* 0 - I have no phlegm (mucus) on my chest at all
* 1
* 2
* 3
* 4
* 5 - My chest is full of phlegm (mucus)

How tight is your chest?

* 0 - My chest does not feel tight at all
* 1
* 2
* 3
* 4
* 5 - My chest feels very tight

When do you get out of breath?

* 0 - When I walk up a hill or a flight of stairs I am not out of breath
* 1
* 2
* 3
* 4
* 5 - When I walk up a hill or flight or stairs I am completely out of breath

How out of breath do you get?

* Not troubled by breathlessness except on strenuous exercise *(MRC1)*
* Short of breath when hurrying, or walking up a slight hill *(MRC2)*
* I walk slower than friends on level ground because of breathlessness, or I have to stop for breath when walking at my own pace *(MRC3)*
* I stop for breath after walking 100 metres or after a few minutes on level ground *(MRC4)*
* I'm too breathless to leave the house or breathless when dressing or undressing *(MRC 5)*

How much are you limited by your COPD when at home?

* 0 - I am not limited to doing any activities at home
* 1
* 2
* 3
* 4
* 5 - I am completely limited to doing all activities at home

How confident do you feel leaving your home with your lung condition?

* 0 - I am confident leaving my home despite my lung condition
* 1
* 2
* 3
* 4
* 5 - I am not confident leaving my home at all because of my lung condition

How well do you sleep?

* 0 - I sleep soundly at night
* 1
* 2
* 3
* 4
* 5 - I do not sleep soundly because of my lung condition

How much energy do you have?

* 0 - I have lots of energy
* 1
* 2
* 3
* 4
* 5 - I have no energy at all

How many COPD exacerbations have you had in the past 12 months?

An exacerbation is where your breathlessness or cough got worse and you needed to take a rescue pack or seek medical attention

* Enter number:

Did you go into hospital because of any COPD exacerbations?

* Yes
* No

What is your smoking status?

* Current smoker
* Ex-smoker
* Never smoked

How much do you smoke? *(If selected "current smoker" only)*

* <1 cigarettes or gram/day or equivalent
* 1-9 cigarettes or grams/day or equivalent
* 10-19 cigarettes or grams/day or equivalent
* 20-30 cigarettes or grams/day or equivalent
* 40+ cigarettes or grams/day or equivalent

How many years have you smoked for?

* Enter number:

Do you want to stop smoking? Here is some advice on ways to quit smoking, local services and general tips: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

Thank you for completing this questionnaire. Your practice will review this information in the next 28 days and be in touch if further action is required. If you are concerned or worried about your symptoms, please book a COPD review appointment.