

COPD Letter

We are aware that you have a medical condition for which you are invited for an annual check

Our records show that you have chronic pulmonary obstructive disease (COPD) and we would like to review your condition annually.

It is important that we keep an eye on your condition so that you can be as healthy as possible into the future. Experience shows that, even if you think you have the situation under control, it is sometimes possible to feel a lot better with just some small changes to your treatment.

Can you please contact reception to make an appointment for your review.

The appointment may include a spirometry test and instructions are printed on the enclosed sheet.

If you are able to print and complete the enclosed COPD Assessment Test questionnaire, please bring it with you to your appointment.

Please bring to the appointment any inhalers you are using.

SPIROMETRY INSTRUCTION SHEET

Spirometry is a test used to measure the amount of air you can breathe in & out of your lungs & how fast you can breathe out.

Please follow these simple dos and don'ts to help you prepare for this test & get the most accurate results

- DO wear loose, comfortable clothing that does not restrict or interfere with your breathing
- DO use your inhaler(s) as usual on the day of the test
- DON'T eat a big meal for 2 hours before the test. A full stomach will restrict your breathing & make you feel uncomfortable
- DON'T drink alcohol for 4 hours before the test. This can affect the accuracy of the results
- DON'T take any vigorous exercise for 30 minutes before the test
- DON'T smoke for 4 hours before this test as it will affect the results

Please bring any inhalers with you including any spacer devices if you have one

Please inform the nurse at your appointment if you have had any of the following :-

- Heart attack
- Recent eye or other surgery
- Any serious illness in the last 3 months
- Unstable angina
- Perforated ear drum
- Unstable glaucoma
- Coughing up blood

Your name:

Today's date:



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

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, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

Example: I am very happy 0 1 2 3 4 5 I am very sad

			SCORE
I never cough	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I cough all the time	<input type="text"/>
I have no phlegm (mucus) in my chest at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest is completely full of phlegm (mucus)	<input type="text"/>
My chest does not feel tight at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest feels very tight	<input type="text"/>
When I walk up a hill or one flight of stairs I am not breathless	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	When I walk up a hill or one flight of stairs I am very breathless	<input type="text"/>
I am not limited doing any activities at home	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am very limited doing activities at home	<input type="text"/>
I am confident leaving my home despite my lung condition	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am not at all confident leaving my home because of my lung condition	<input type="text"/>
I sleep soundly	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I don't sleep soundly because of my lung condition	<input type="text"/>
I have lots of energy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I have no energy at all	<input type="text"/>
			TOTAL SCORE <input type="text"/>

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