

Name:	Date:
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Lung Function Questionnaire

Do you suffer from breathing problems and/or frequent cough?

These questions ask about your breathing problems and/or frequent cough. As you answer these questions, please think about how you are feeling physically when you are experiencing these symptoms.

For each question, choose the one answer that best describes your symptoms. Share the answers with your doctor.

Step 1: Answer each question and write the score in the box provided next to it.

Step 2: Add the score boxes for your total score.

Step 3: Take the test to the doctor to talk about your score.

1. How often do you cough up mucus?					Score
Never 5	Rarely 4	Sometimes 3	Often 2	Very Often 1	
2. How often does your chest sound noisy (wheezy, whistling, rattling) when you breathe?					
Never 5	Rarely 4	Sometimes 3	Often 2	Very Often 1	
3. How often do you experience shortness of breath during physical activity (walking up a flight of stairs or walking up an incline without stopping to rest)?					
Never 5	Rarely 4	Sometimes 3	Often 2	Very Often 1	
4. How many years have you smoked?					
Never 5	10 years or less 4	1-20 years 3	21-30 years 2	More than 30 years 1	
5. What is your age?					
Less than 40 years 5	40 – 49 years 4	50 – 59 years 3	60 – 69 years 2	70 years or older 1	
Step 4: If your score is 18 or less, then you may be at greater risk for Chronic Obstructive Pulmonary Disease (COPD), which includes chronic bronchitis, emphysema or both. Ask your doctor if you need a simple breathing test. This questionnaire is intended to determine your risk of COPD. No matter what your score, you should still talk to your doctor about your symptoms.					Total