AMERICAN LUNG ASSOCIATION®
Fighting for Air

MY COPD Report Card

This plan describes how I have been feeling. This plan will help guide the discussion between me and the physician/health care provider.

Instructions

Complete this form before every doctor visit to make sure your doctor has all the information to treat your COPD more effectively. If this is a **routine checkup**, the information should refer to how you feel **since** your last visit. If this visit is because you are having worsening symptoms, then give the information about how you are feeling **now**.

General Information

☐ **Routine visit for checkup** ☐ **Acute visit for symptoms**

Name:	**Date:**
Address:	**Phone Number:**
My Pharmacy:	**Pharmacy Phone Number:**

Medicines. Use next page if additional space is needed. Check next to drug if you need a refill today.

Name	Dose	Times per day	Name	Dose	Times per day
☐			☐		
☐			☐		
☐			☐		
☐			☐		
☐			☐		
☐			☐		

Oxygen. Check all that apply to you.

I use oxygen ☐ Never ☐ Continuously ☐ With Activity ☐ At night

Smoking. Which of the following describes your smoking status best? Check all that apply.

I am smoking _____cigarettes per day ☐ I am not smoking at all ☐ I am trying to quit smoking
☐ I would like some help quitting smoking

Difficulty with Medications. Many people have difficulty with their medications. Check all the statements that apply to you so that you can discuss it with your doctor.

☐ I have trouble remembering to take some of my medicines ☐ I have difficulty paying for some of my medications
☐ I am having side effects from my medications ☐ I am not sure how to take some of my medications

COPD Symptoms

Symptom	Frequency	Severity (Symptoms bother me . . .)
Cough	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Phlegm	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Chest pain	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Breathlessness	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Ankle swelling	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Trouble sleeping	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Poor appetite	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Trouble getting going in the morning	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot
Feeling sad or worried	☐ Never ☐ Occasionally ☐ Most Days ☐ Every day	☐ Not at all ☐ A little ☐ Moderately ☐ A lot

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COPD Flares/Other Illnesses

Since my last visit, I have been treated in an urgent care facility, emergency department, or hospital_____times

Date	Reason/Treatment

Breathlessness. Check the description that best describes your breathlessness

- ☐ I am not breathless except during strenuous exercise
- ☐ I am troubled by breathlessness when I hurry on the level or up a slight hill
- ☐ I must walk slower than other people my same age or I have to stop for breath when I walk on the level
- ☐ I have to stop to catch my breath after walking about 100 yards or a few minutes walking on the level
- ☐ I am too breathless to leave the house or breathless when I dress or take a shower

Good Days and Bad Days. People with COPD have good days and bad days in terms of their energy level and breathlessness. How do you rate yourself? Check one.

- ☐ I have all good days
- ☐ I have more good days than bad days
- ☐ I have about an equal number of good days and bad days
- ☐ I have more bad days than good days
- ☐ I have all bad days

Activity Level. How much exercise do you get? Check one.

- ☐ I get exercise on most days
- ☐ I get exercise on some days
- ☐ I get exercise occasionally
- ☐ I never get exercise

I would like to talk to the doctor about the following concerns. Check all that apply

- ☐ Medicine side effects
- ☐ Living will / medical power of attorney
- ☐ Difficulty paying for medicines
- ☐ Marital or personal problems
- ☐ Are there other medications or procedures which might be able to help me more?
- ☐ Other:

Use the space below for additional comments

For more information visit www.lungusa.org or call 1-800-LUNGUSA (586-4872)