

Screening Questionnaire

Age: Years **Gender:** Male Female **Height:** • Metres

1. Have you ever been told you suffer from chronic bronchitis, emphysema or COPD? Yes No

2. Have you ever been told that you suffer from asthma? Yes No

3. Are you troubled by cough, phlegm, mucus or wheezing? Yes No

4. Do you get out of breath more easily than others of your age? Yes No

5. Are you a current smoker? Yes No

6. Have you ever smoked? Yes No

7. Do you feel that you have been significantly exposed to passive smoking? Yes No

8. Do you feel that you have been significantly exposed to pollution at work or in the air? Yes No

9. Has anyone in your family had emphysema or chronic bronchitis? Yes No

10. Are you troubled by repeated chest infections? Yes No

COPD-6 Breathing Test

FEV₁: . L FEV₁: % predicted FEV₆: . L Ratio FEV₁/FEV₆: 0 .

If the ratio is less than 0.70 please repeat the test and record results below

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Disclaimer: This questionnaire and your participation in the Lung Census is intended to make you think about your lung health. It does not replace advice and consultation from your usual healthcare provider. If you have any questions or concerns about the questionnaire, or any other aspect of your health, please discuss these with your healthcare provider.

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