



Your Name:

Today's Date:

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