Could You Be at Risk for COPD?

Fill out this checklist. Use it to help you talk to your doctor about your symptoms.

### I get short of breath.
- [ ] Never
- [ ] During strenuous activity
- [ ] Walking up stairs or short distances
- [ ] While sitting or at rest

### I have trouble breathing.
- [ ] Never
- [ ] Sometimes
- [ ] Most days
- [ ] Every day

### I cough, even when I don't have a cold.
- [ ] Never
- [ ] Sometimes
- [ ] Most days
- [ ] Every day

### I cough up mucus.
- [ ] Never
- [ ] Sometimes
- [ ] Most days
- [ ] Every day

### I experience wheezing.
- [ ] Never
- [ ] Sometimes
- [ ] Most days
- [ ] Every day

### I wake up at night because I have trouble breathing.
- [ ] Never
- [ ] Sometimes
- [ ] Most nights
- [ ] Every night

### I am a smoker and:
- [ ] I do not plan to quit
- [ ] I plan to quit in about 6 months
- [ ] I will be ready to quit in about a month

### I quit smoking.

- [ ] ________________
  (days / months / years) ago

### I feel sad or anxious about my breathing.
- [ ] Never
- [ ] Sometimes
- [ ] Most of the time
- [ ] Always

### I have taken a medicine to help my breathing (prescription or over-the-counter).
- [ ] Less than 6 months
- [ ] 6 months or more
- [ ] Never

At your next doctor's visit, bring all the medicines that you take.