COPD Office Visit Checklist

Answer the questions below before your next visit and be sure to talk with your doctor about your answers.

Date: ______________

Since your last office visit:

1. Has your breathing been worse than usual?  □ Yes  □ No
2. Have you coughed more than usual?  □ Yes  □ No
3. Have you coughed up more mucus than usual?  □ Yes  □ No
4. Has your mucus been thicker than usual?  □ Yes  □ No
5. Has your mucus been a different color than usual?  □ Yes  □ No
6. Have you been wheezing?  □ Yes  □ No
7. Have you been awakened by your breathing?  □ Yes  □ No
8. About how many hours have you been sleeping each night? __________
9. How would you describe your appetite?  □ Decreased  □ Normal  □ Increased
10. Have you lost weight?  □ Yes  □ No  If yes, how much? __________
11. What activities have you been doing? _______________________________
12. Is there any activity that is harder to do because of your breathing?  □ Yes  □ No

____________________________________________________________________

13. How many times in the past 12 months have you taken an antibiotic or steroid for your breathing? _______
14. How often do you use your fast-acting inhaler or nebulizer? __________ times in a day.
15. Did you use your long-term controller medicine today?  □ Yes  □ No
16. What other medicines do you take for your breathing? _____________________

____________________________________________________________________

Bring all your medicines to your doctor’s appointment. Talk to your doctor about how you are feeling and how you can better manage your COPD.