UCLA Health

COPD ASSESSMENT TEST (CAT)

How is your COPD? Take the COPD Assessment Test ™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on our wellbeing and daily life. Your answers, and test score can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

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 Ⓧ ② ③ ④ ⑤ I am very sad

SCORE

I never cough	⓪ ① ② ③ ④ ⑤	I cough all the time
I have no phlegm (mucus) in my chest at all	⓪ ① ② ③ ④ ⑤	My chest is completely full of phlegm (mucus)
My chest does not feel tight at all	⓪ ① ② ③ ④ ⑤	My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless	⓪ ① ② ③ ④ ⑤	When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home	⓪ ① ② ③ ④ ⑤	I am very limited doing activities at home
I am confident leaving my home despite my lung condition	⓪ ① ② ③ ④ ⑤	I am not at all confident leaving my home because of my lung condition
I sleep soundly	⓪ ① ② ③ ④ ⑤	I don't sleep soundly because of my lung condition
I have lots of energy	⓪ ① ② ③ ④ ⑤	I have no energy at all

Total Score

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Patient or Representative Signature _____

Date _____ Time _____

If signed by someone other than the patient, please specify relationship to the patient: _____

Interpreter Signature _____ ID # _____

Date _____ Time _____