CLINICAL COPD QUESTIONNAIRE

Diary

(US English version of the CCQ)



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Information:

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Patient number:_____ Date:

CLINICAL COPD QUESTIONNAIRE

Please **circle** the number of the response that best describes how you have been feeling during the **past 24 hours**. (Only **one** response for each question).

On average, during the past 24 hours , how often did you feel:		never	hardly ever	a few times	several times	many times	a great many times	almost all the time
1.	Short of breath while at rest ?	0	1	2	3	4	5	6
2.	Short of breath while doing physical activities ?	0	1	2	3	4	5	6
3.	Concerned about getting a cold or your breathing getting worse?	0	1	2	3	4	5	6
4.	Depressed (down) because of your breathing problems?	0	1	2	3	4	5	6
	general, during the past 24 urs , how much of the time:							
5.	Did you cough ?	0	1	2	3	4	5	6
6.	Did you produce sputum or phlegm (chest mucus)?	0	1	2	3	4	5	6
On average, during the past 24 hours, how limited were you in these activities because of your breathing problems:		not limited at all	very slightly limited	slightly limited	moderately limited	very limited	extremely limited	totally limited /or unable to do
7.	Strenuous physical activities (such as climbing stairs, hurrying, participating in sports)?	0	1	2	3	4	5	6
8.	Moderate physical activities (such as walking, housework, carrying things)?	0	1	2	3	4	5	6
9.	Daily activities at home (such as dressing, washing yourself)?	0	1	2	3	4	5	6
10.	Social activities (such as talking, being with children, visiting friends/relatives)?	0	1	2	3	4	5	6

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