

**Risk-identification questionnaire for COPD: 10-item questionnaire**

**Do you smoke?**

no (0)          yes (-4)

**Do you have periodic attacks of coughing for more than three months out of the year?**

no (0)          yes (15)

**Do you cough up sputum (phlegm) on most days for at least three months out of the year?**

no (0)          yes (15)

**Do you avoid physical activity because it causes difficulty breathing?**

no (0)          yes (11)

**Do you also suffer from shortness of breath while at rest?**

no (0)          yes (12)

**Do you suffer from long-lasting bronchial problems after each infection?**

no (0)          yes (12)

**Do you suffer from a respiratory allergy (asthma, hay fever, dust mite allergy, etc?)**

no (0)          yes (4)

**Have you used a spray to treat breathing difficulties in the last year?**

no (0)          yes (12)

**Are you over 55 years old?**

no (0)          yes (7)

**Male (0)          Female (1)**

**Sum**

**Add**

**76**

Result:

**Assessment:**

Up to 100: You probably do not have COPD

101 – 120: The next time you visit the doctor, speak with him or her about the possibility that you suffer from COPD.

121 – 130: The next time you visit the doctor, ask him or her to test you for COPD.

Over 130: You should definitely visit your doctor.

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