



# COPD POPULATION SCREENER™ (COPD-PS)

This survey asks questions about you, your breathing, and what you are able to do. To complete the survey, mark an “X” in the box that best describes your answer for each question below.

1. During the past 4 weeks, how much of the time did you feel short of breath?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>1</sub>	▼ <input type="checkbox"/> <sub>2</sub>	▼ <input type="checkbox"/> <sub>2</sub>

2. Do you ever cough up any “stuff,” such as mucus or phlegm?

No, never	Only with occasional colds or chest infections	Yes, a few days a month	Yes, most days a week	Yes, every day
▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>1</sub>	▼ <input type="checkbox"/> <sub>1</sub>	▼ <input type="checkbox"/> <sub>2</sub>

3. Please select the answer that best describes you in the **past 12 months**. I do less than I used to because of my breathing problems.

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>1</sub>	▼ <input type="checkbox"/> <sub>2</sub>

4. Have you smoked at least 100 cigarettes in your **entire life**?

No	Yes	Don't know
▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>2</sub>	▼ <input type="checkbox"/> <sub>0</sub>

5. How old are you?

35 to 49	50 to 59	60 to 69	70+
▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>0</sub>	▼ <input type="checkbox"/> <sub>1</sub>	▼ <input type="checkbox"/> <sub>2</sub>

### How to Score the Survey

In the spaces below, write the number that is next to your answer for each of the questions. Add the numbers to get the total score. The total score can range from 0 to 10.

$$\underline{\quad\quad} \#1 + \underline{\quad\quad} \#2 + \underline{\quad\quad} \#3 + \underline{\quad\quad} \#4 + \underline{\quad\quad} \#5 = \underline{\quad\quad\quad\quad} \text{Total Score}$$

**If your total score is 5 or more**, your breathing problems may be caused by chronic obstructive pulmonary disease (COPD). COPD is often referred to as chronic bronchitis and / or emphysema and is a serious lung disease that slowly gets worse over time. While COPD cannot be cured, it is treatable.

Please share the completed survey with your clinician. The higher your score, the more likely you are to have COPD. Your clinician can help evaluate your breathing problems by performing a simple breathing test, also known as spirometry.

**If your total score is between 0 and 4**, and you experience problems with your breathing, please share this survey with your clinician. Your clinician can help evaluate any type of breathing problem.

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