

### COPD population screener

| Question   | Answer   | Points |
|--|--|--------|
| During the past 4 weeks, how much of the time did you feel short of breath?  | None of the time                               | 0      |
|  | A little of the time                           | 0      |
|  | Some of the time                               | 1      |
|  | Most of the time                               | 2      |
|  | All the time                                   | 2      |
| Do you cough up any “stuff”, such as mucus or phlegm?  | No, never                                      | 0      |
|  | Only with occasional colds or chest infections | 0      |
|  | Yes, a few days a month                        | 1      |
|  | Yes, most days a week                          | 1      |
|  | Yes, every day                                 | 2      |
| Please select the answer that best describes you in <b>past 12 months</b> . I do less than I used to because of my breathing problems. | Strongly disagree                              | 0      |
|  | Disagree                                       | 0      |
|  | Unsure   | 0      |
|  | Agree  | 1      |
|  | Strongly agree                                 | 2      |
| Have you smoked at least 100 cigarettes in your life?  | No   | 0      |
|  | Yes  | 2      |
|  | Don't know                                     | 0      |
| How old are you?   | Age 35 to 49                                   | 0      |
|  | Age 50 to 59                                   | 1      |
|  | Age 60 to 69                                   | 2      |
|  | Age 70+  | 2      |
| <b>If total score between 5 or more, symptoms are most likely be due to COPD</b>   | <b>Total score</b>                             |        |