

Your COPD Visit - What to Expect, What to Ask

Your Name: _____

Is there anything you want to talk about today? No Yes _____

Have there been any major changes in your family lately?

- None Move Job Change Separation Divorce Death in the family
 New pet Other Describe: _____

General Health Information. Since your last visit...	Yes	No	Unsure
Have you had any major illness and/or hospitalizations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you or anyone in your family had any new medical problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any changes to your medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a flu or pneumonia vaccine (shot)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or does anyone around you smoke (includes inside or outside the house)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been to the emergency room in the last 6 months for your COPD?

- No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

Have you been hospitalized for your COPD in the last 12 months?

- No Yes 1-2 times Yes 3-4 times Yes 5-6 times Yes more than 6 times

Do you have any of the following COPD symptoms currently?

- Coughing, especially at night Wheezing Shortness of breath Chest tightness, pain, or pressure
 Dry cough that produces no mucus

Do you have any other conditions related to your COPD?

- Chronic bronchitis Asthma Allergies

Do you child use a spacer?

- No No, do not have one Yes, always Yes, sometimes Yes, seldom
 Need to, do not have one

Do you use a nebulizer?

- No No, do not have one Yes, always Yes, sometimes Yes, seldom
 Need to, do not have one

Do you use oxygen?

- No No, do not have it Yes, always Yes, sometimes Yes, seldom
 Need to, do not have it

Would you like to learn more about any of the topics below (circle as many as you like?)

Medications/Treatments	Symptoms	Healthy Habits	Healthy Eating
<ul style="list-style-type: none"> • Inhalers and spacers • Nebulizers • Oxygen • Pulmonary function tests • Arterial blood gas test • Chest X-ray • Steroids • Herbal remedies • Vitamin supplements 	<ul style="list-style-type: none"> • Asthma triggers/attacks • Bronchitis • Allergies • Other 	<ul style="list-style-type: none"> • Quitting tobacco • Vaccines (shots) • Exercise • When to call doctor • Dental appointment 	<ul style="list-style-type: none"> • Healthy diet • Healthy snacks • Weight management

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.