

COPD Office Visit Checklist

Answer the following questions before your next visit and be sure to talk with your healthcare provider about your answers.

Date: _____

Since your last office visit:

1. Has your breathing been worse than usual? Yes No
2. Have you coughed more than usual? Yes No
3. Have you coughed up more mucus than usual? Yes No
4. Have you had chest tightness? Yes No
5. Have you been wheezing? Yes No
6. Have you been awakened by your breathing? Yes No
7. About how many hours have you been sleeping each night? _____
8. How is your energy level? Decreased Same Increased
9. How would you describe your appetite? Decreased Normal Increased
10. Have you lost weight? Yes No If yes, how much? _____
11. What activities have you been doing? _____
12. Is there any activity that is harder to do because of your breathing? Yes No
If yes, which one(s)? _____
13. Have you been to the emergency department or urgent care for worsening COPD symptoms since your last office visit? Yes No
14. How many times in the past 12 months have you taken an antibiotic or steroid for your breathing? _____
15. How often do you use your short-acting rescue inhaler or nebulizer? _____ times a day.
16. Did you use your daily maintenance medication today? Yes No
17. What other medicines do you take for your breathing?

**Bring a list of all your medicines to your office visit.
Talk with your healthcare provider about how you are feeling
and how you can better manage your COPD.**



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