

COPD Assessment Test (CAT)



Name:				Date:	
<input type="checkbox"/> OPCR	<input type="checkbox"/> OPPR	<input type="checkbox"/> Pre	<input type="checkbox"/> 30 day	<input type="checkbox"/> 60 day	<input type="checkbox"/> DC

For each item below, place a mark in the box that best describes you now. Be sure to only select one response for each question. **0 is the best and 5 is the worst.**

	0	1	2	3	4	5	
I never cough							I cough all the time
I have no phlegm (mucus) in my chest at all							My chest is completely full of phlegm (mucus)
My chest does not feel tight at all							My chest feels very tight
When I walk up a hill or one flight of stairs I am not breathless							When I walk up a hill or one flight of stairs I am very breathless
I am not limited doing any activities at home							I am very limited doing activities at home
I am confident leaving my home despite my condition							I am not at all confident leaving my home because of my lung condition
I sleep soundly							I don't sleep soundly because of my lung condition
I have lots of energy							I have no energy at all

Office Use Only Score:
