

CAPTURE

Please complete the survey below.

Thank you!

COPD Assessment in Primary Care To Identify Undiagnosed Respiratory Disease and Exacerbation Risk

Please answer each question

	No	Yes
Have you ever lived or worked in a place with dirty or polluted air, smoke, second-hand smoke, or dust?	<input type="radio"/>	<input type="radio"/>
Does your breathing change with seasons, weather, or air quality?	<input type="radio"/>	<input type="radio"/>
Does your breathing make it difficult to do things such as carry heavy load, shovel dirt or snow, jog, play tennis, or swim?	<input type="radio"/>	<input type="radio"/>
Compared to others your age, do you tire easily?	<input type="radio"/>	<input type="radio"/>

In the past 12 months, how many times did you miss work, school, or other activities due to a cold, bronchitis, or pneumonia?

(Number of TIMES missed work(99 = Refused))