

Appendix 1. Chronic Obstructive Pulmonary Disease (COPD) Assessment Test (CAT) Questionnaire

Content and Structure: How is your COPD? For each item below, place a mark in the box that best describes your experience

							Score	
I never cough.	0	1	2	3	4	5	I cough all the time.	
I have no phlegm (mucus) on my chest at all.	0	1	2	3	4	5	My chest is full of phlegm.	
My chest does not feel tight.	0	1	2	3	4	5	My chest feels very tight.	
When I walk up a hill or a flight of stairs, I am not out of breath.	0	1	2	3	4	5	When I walk up a hill or a flight of stairs, I am completely out of breath.	
I am not limited to doing any activities at home.	0	1	2	3	4	5	I am completely limited to doing all activities at home.	
I am confident leaving my home despite my lung condition.	0	1	2	3	4	5	I am not confident leaving my home at all due to my lung condition.	
I sleep soundly.	0	1	2	3	4	5	I do not sleep soundly due to my lung condition.	
I have lots of energy.	0	1	2	3	4	5	I have no energy at all.	
Total score								