

LCOPD

Quality of life questionnaire

Please read this carefully

On the following pages you will find some statements that have been made by people who have Chronic Obstructive Pulmonary Disease (COPD)/breathing problems.

Thinking about your COPD/breathing problems, please read each statement carefully and tick 'True' if the statement applies to you and tick 'Not True' if it does not.

Please choose the response that best applies to you
at the moment.

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Remember to tick the box next to the response that best applies to you *at the moment*

1. My illness limits the places I can go True
Not True

2. I get frustrated easily True
Not True

3. I can't do things on the spur of the moment True
Not True

4. I feel like a prisoner in my own home True
Not True

5. I worry that I stop people doing what they want to do True
Not True

6. My illness controls me True
Not True

7. I have to plan even the most simple tasks carefully True
Not True

8. My breathing makes me self conscious True
Not True

9. I have to pace myself True
Not True

Please turn over