



The Institute for Respiratory and Sleep Medicine

COPD Assessment Test (CAT)

Name:

Date:

Answer each question and place a mark (X) in the box with the number that best describes you currently. Be sure to only select one response for each question.

I never cough ① ② ③ ④ ⑤ I cough all the time

I have no phlegm (mucus) in my chest at all ① ② ③ ④ ⑤ My chest is completely full of phlegm (mucus)

My chest does not feel tight at all ① ② ③ ④ ⑤ My chest feels very tight

When I walk up a hill or one flight of stairs I am not breathless ① ② ③ ④ ⑤ When I walk up a hill or one flight of stairs I am very breathless

I am not limited doing any activities at home ① ② ③ ④ ⑤ I am very limited doing activities at home

I am confident leaving my home despite my lung condition ① ② ③ ④ ⑤ I am not at all confident leaving my home because of my lung condition

I sleep soundly ① ② ③ ④ ⑤ I don't sleep soundly because of my lung condition

I have lots of energy ① ② ③ ④ ⑤ I have no energy at all

TOTAL SCORE:

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