

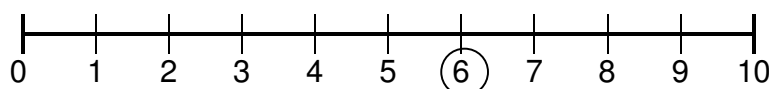
Understanding COPD Questionnaire

Patient ID: _____

Date: _____

This questionnaire will help us find out what you understand about your COPD and the treatments and support available. For each question please **circle the number** on the scale to show your understanding, confidence or use with each topic. If there are topics you do not know much about, feel less confident with or don't use often, then you should circle a low score. If there are topics you know more about, feel more confident with or use often then you should circle a higher score.

Example:



You should complete the questionnaire independently. If there are any questions you have difficulty answering then please ask for help. Please answer all the questions in Section A. Please complete Section B if you have attended a pulmonary rehabilitation programme. The questionnaire should take about 10 minutes to complete.

SECTION A

ABOUT COPD

1) How well do you understand what COPD is?



2) How well do you understand how COPD changes over time?



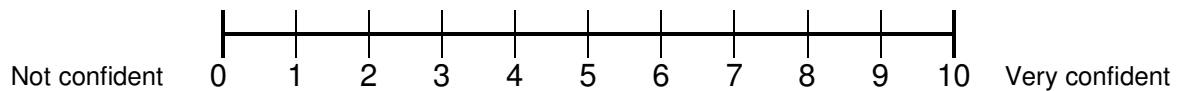
3) How confident are you that you can recognise an exacerbation (a significant worsening of your usual symptoms)?



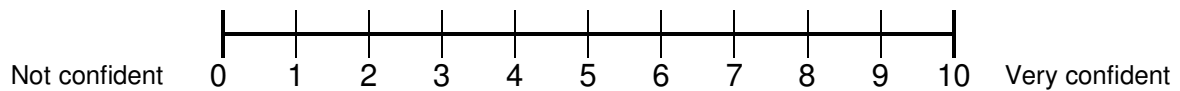
- 4) How confident are you that you know how to alter your therapy during an exacerbation (a significant worsening of your usual symptoms)?



- 5) How confident are you that you know when to seek help during an exacerbation (a significant worsening of your usual symptoms)?



- 6) How confident are you that you know **how** to use your COPD medication (e.g. inhaler, nebuliser, and tablets)?



- 7) How confident are you that you know **why** you use your COPD medication?

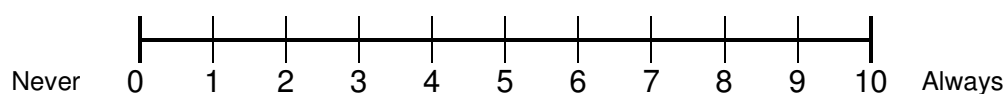


MANAGING SYMPTOMS OF COPD

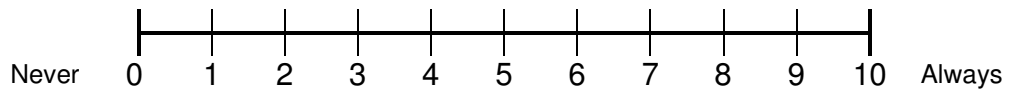
- 8) How often do you use breathing techniques to manage your symptoms (e.g. slowing your breathing down and pursed lip breathing)?



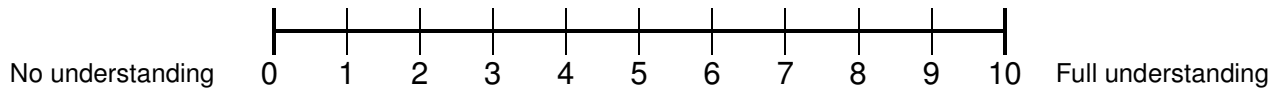
- 9) How often do you pace yourself to conserve energy (e.g. plan activities, alternate light and heavy tasks)?



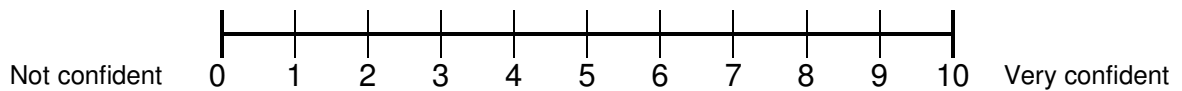
10) How often do you use positions of ease (e.g. body positions to reduce shortness of breath)?



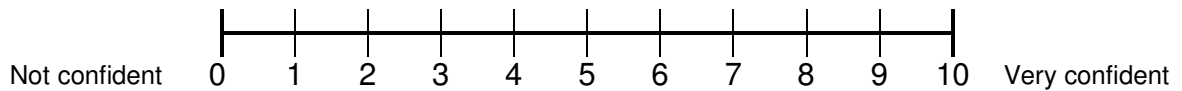
11) How well do you understand the benefits of exercise?



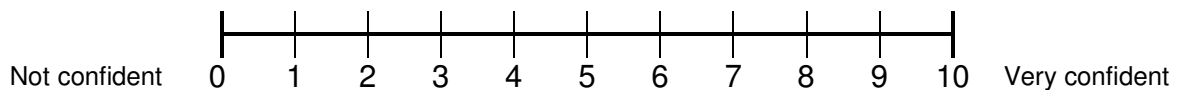
12) How confident are you that you can take part in exercise?



13) How confident are you that you can manage the low mood or depression sometimes associated with COPD?

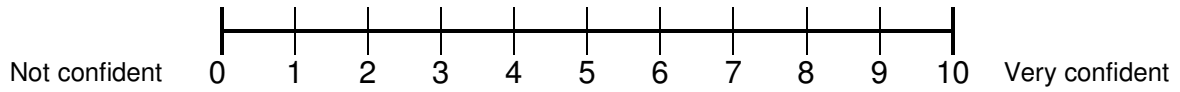


14) How confident are you that you can manage the anxiety and panic sometimes associated with COPD?

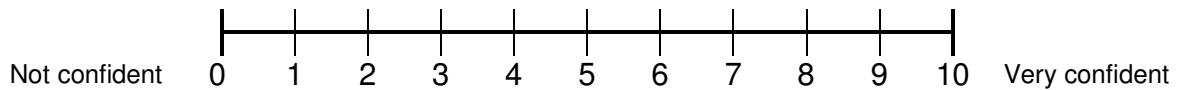


ACCESSING HELP AND SUPPORT

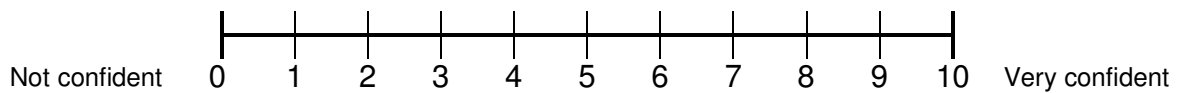
15) How confident are you that you know how to get aids and appliances if you need them (e.g. shoe horn, shower seat)?



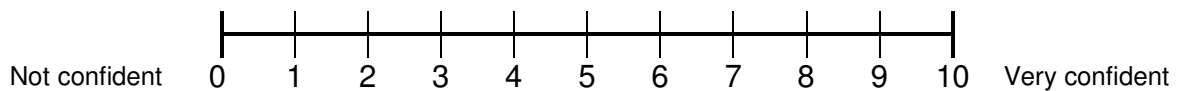
16) How confident are you that you know how to get information about welfare and benefits that you might be entitled to?



17) How confident are you that you know how to access facilities for exercise (e.g. gym, pool, walking clubs)?



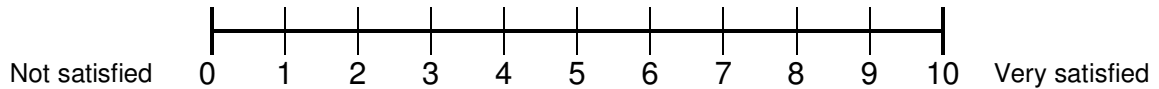
18) How confident are you that you know how to get information about local support groups for people with respiratory conditions?



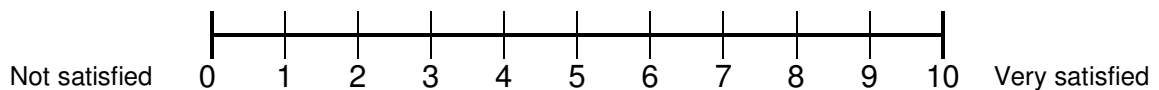
SECTION B

Complete this section after you have attended pulmonary rehabilitation. For each question please **circle the number** on the scale to show your views and satisfaction with each topic.

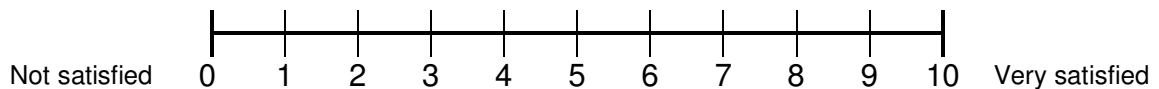
- 1) How satisfied were you with the amount of practical information used in the education sessions (e.g. demonstrations and practice)?



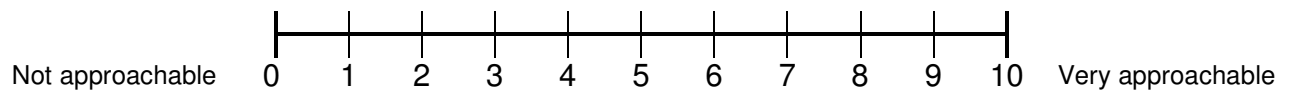
- 2) How satisfied were you with the content of the education sessions?



- 3) How satisfied were you with the content of the written materials given?



- 4) How approachable was/were the healthcare professional(s) who delivered the education sessions?



- 5) How accessible was the location of the education sessions (e.g. distance to walk, car parking facilities)?



- 6) Are there any topics that were not covered in the education sessions that you think should be covered?

No Yes

If 'yes', please insert suggested topic(s) _____

If you would like to add any further comments please insert these in the box below.

Understanding COPD Questionnaire

For staff use only: Understanding COPD questionnaire scoring sheet

Patient ID: _____

Date: _____

About COPD:

$$\left[\frac{Q1 [] + Q2 [] + Q3 [] + Q4 [] + Q5 [] + Q6 [] + Q7 [] + = []}{70} \right] \times 100 = [] \%$$

Managing Symptoms of COPD:

$$\left[\frac{Q8 [] + Q9 [] + Q10 [] + Q11 [] + Q12 [] + Q13 [] + Q14 [] + = []}{70} \right] \times 100 = [] \%$$

Accessing Help and Support:

$$\left[\frac{Q15 [] + Q16 [] + Q17 [] + Q18 [] + = []}{40} \right] \times 100 = [] \%$$

Section A total score:

$$\left[\frac{\text{About COPD []} + \text{Managing Symptoms []} + \text{Accessing Help []} + = []}{180} \right] \times 100 = [] \%$$

Section B total score:

$$\left[\frac{Q1 [] + Q2 [] + Q3 [] + Q4 [] + Q5 [] + = []}{50} \right] \times 100 = [] \%$$