

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date \_\_\_ / \_\_\_ / 20\_\_\_

The following sentences are expressing feelings on the consequences of COPD. For each sentence mark the intensity that reflects your feeling at this moment (from « no at all » to « extremely »). No answer is right or wrong, each one is personal.

	<b>Not at all</b>	<b>A little</b>	<b>Average</b>	<b>A lot</b>	<b>Extremely</b>
1. I am suffering from breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am worried about my respiratory condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel my entourage (family, friends...) misunderstand me	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>
4. My respiratory condition prevents me from moving like I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am sleepy during the day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel unable to achieve my projects	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>
7. I get tired quickly doing my daily life activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Physically, I am dissatisfied with what I can do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My respiratory disease disturbs my social life	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>
10. I feel sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My respiratory condition restricts my emotional life	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>	<input type="triangle-up"/>

*Please ensure that all the questions have been answered. Thank you.*

\_\_\_\_\_ / 15

\_\_\_\_\_ / 20

\_\_\_\_\_ / 20

Total \_\_\_\_\_ / 55