

CHRONIC AIRWAY ASSESSMENT TEST (CAAT)

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: CAA
VERSION: 1.0 06/03/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit. For each item below, have the participant select the number that best describes their experience.

This questionnaire will help you and your health care professional measure the impact your pulmonary disease is having on your wellbeing and daily life. Your answers and test score can be used by you and your health care professional to help improve the management of your pulmonary disease and get the greatest benefit from treatment.

									SCORE
1)	I never cough	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I cough all the time	<input type="checkbox"/>
2)	I have no phlegm (mucus) in my chest at all	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	My chest is completely full of phlegm (mucus)	<input type="checkbox"/>
3)	My chest does not feel tight at all	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	My chest feels very tight	<input type="checkbox"/>
4)	When I walk up a hill or one flight of stairs I am not breathless	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	When I walk up a hill or one flight of stairs I am very breathless	<input type="checkbox"/>
5)	I am not limited doing any activities at home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I am very limited doing activities at home	<input type="checkbox"/>
6)	I am confident leaving my home despite my lung condition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I am not at all confident leaving my home because of my lung condition	<input type="checkbox"/>
7)	I sleep soundly	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I don't sleep soundly because of my lung condition	<input type="checkbox"/>
8)	I have lots of energy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	I have no energy at all	<input type="checkbox"/>

The COPD Assessment Test (CAT) and the Chronic Airway Assessment Test (CAAT) were developed by an interdisciplinary group of international experts with support from GSK. CAT and CAAT activities are monitored by a supervisory council that includes independent experts, one of which is chair of the council.

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9) CAAT Score:

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NOTE: This value will be automatically calculated in the DMS.

END OF FORM

The COPD Assessment Test (CAT) and the Chronic Airway Assessment Test (CAAT) were developed by an interdisciplinary group of international experts with support from GSK. CAT and CAAT activities are monitored by a supervisory council that includes independent experts, one of which is chair of the council.
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