

## Chronic Obstructive Lung Disease (COPD) Flow Sheet

The information on this chart is used by your health care provider to rate the severity of your disease and develop an optimal treatment plan.

1. Report the date of the office visit.
2. For a couple weeks before the office visit record the date and then record information that is asked for over the previous week (steps 3-10).
3. Day-time/Night-time Signs/Symptoms (S/S): In the first eight rows report how severe and frequent the cough, wheeze, chest tightness, or shortness of breath in the respective row have been. Rate the severity on a scale from 0-10 with 0 meaning no impairment in function and 10 indicating severe impairment in function due to the S/S of COPD. Rate the frequency using descriptors such as once a week, three times a week, every other day, every day, 2-3 times a day, or every hour.
4. Rate S/S with activity including how severely (using the 0-10 scale) you developed wheeze, chest tightness, unusually shortness of breath or cough with activity?
5. Report any change in the color of your sputum.
6. Report your typical volume of sputum production in teaspoons per day. Report if you had any recent changes in the volume of sputum.
7. Report any other S/S you have developed including fever, chills, loss of appetite, weight loss, etc. Include how long you have had these symptoms and their severity.
8. How many times did you have to use your short acting medicine to relieve your S/S? Do you use them one time a day, two times a day, one time a week, two times a month, etc?
9. How many times have you been to the emergency room, urgent care center or any health care provider since your last visit due to respiratory symptoms?
10. How many days have you missed work or had to significantly decrease activity due to your respiratory symptoms.
11. Bring this to each appointment.

### PFT – Pulmonary Function Tests

1. Have your doctor record your Forced vital capacity (FVC), Forced expiratory volume in one second ( $FEV_1$ ), and the ratio of  $FEV_1/FVC$  at least once, and each time they are done.
2. Record the date of your last pneumococcal vaccine and flu vaccine.

Date of office visit				
<b>Week of</b>				
Daytime cough – severity/ frequency				
Daytime wheeze – severity/ frequency				
Daytime SOB – severity/ frequency				
Daytime chest tightness – severity/ frequency				
Nighttime cough – severity/ frequency				
Nighttime wheeze – severity/ frequency				
Nighttime SOB – severity/ frequency				
Nighttime chest tightness – severity/ frequency				
S/S with activity				
Sputum Color				
Sputum Volume				
Other S/S				
Use of short acting medicine				
Health care visits				
Sick Days				

S/S – Signs and symptoms – cough, wheeze, chest tightness or shortness of breath.

PFT – Pulmonary Function Tests

Date		
FVC		
FEV1		
FEV1/FVC		

Date of Pneumococcal Vaccine \_\_\_\_\_

Date of Last Influenza Vaccine \_\_\_\_\_