Kanton Zürich
Gesundheitsdirektion
Projekte & Entwicklung

Universität Zürich[UZH]
Institut für Hausarztmedizin

CAROL **GP Questionnaire T0 (at patient inclusion) Patient ID:«Number of GP»-«Number of patient»**

0	**Date**	I__I__I.I__I__I.I__I__I__I__|

1. General information

1.1	Sex	☐(1) male ☐(2) female
1.2	Birthdate	I__I__I.I__I__I.I__I__I__I__|
1.3	Ethnicity	☐(1) Caucasian ☐(2) Non-caucasian
1.4 1.5	COPD previously diagnosed?	☐(1) Yes ☐(2) No If Yes: when (Year): I__I__I__I__|

2. Current measures

2.1	Height	I__I__I__I cm (without shoes)
2.2	Weight	I__I__I__I kg (without shoes)
2.3 2.4	Smoking state	☐(1) Current smoker ☐(2) ex-smoker If ex-smoker: quitting month.year I__I__I.I__I__I__I__|
2.5	Pack-Years (PY)	I__I__I__I PY (Average packs per day multiplied with number of years as smoker)
2.6 2.7 2.8	Current symptoms	☐(1) Cough ☐(1) Sputum ☐(1) Dyspnea
2.9	Severity according to mMRC	☐(0) Grade 0: breathless only with strenuous exercise ☐ (1) Grade 1: short of breath when hurrying on level ground or walking up a slight hill ☐(2) Grade 2: on level ground, walking slower than people of the same age because of breathlessness, or having to stop for breath when walking at own pace on the level ☐(3) Grade 3: stopping for breath after walking about 100 yards or after a few minutes on level ground ☐(4) Grade 4: too breathless to leave the house or breathless when dressing

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2.10 2.11 2.12	Current Spirometry	FEV1/FVC FEV1 in Liter FEV1 % of expected	I0I.__I__| I__I.__I__| L I__I__I__| %

3. Co-occurring conditions

3.1	Diabetes Type II	☐(1) Yes	☐(2) No
3.2	Hypertension	☐(1) Yes	☐(2) No
3.3	Coronary Heart Disease	☐(1) Yes	☐(2) No
3.4	Congestive Heart Failure	☐(1) Yes	☐(2) No
3.5	Depression		
3.6	Other	……	

4. COPD history and exacerbations of previous 12 monts

4.1	Number of COPD-driven practice visits during the last 12 months	I__I__I
4.2	Number of emergency practice visits because of COPD during the last 12 months	I__I__I
4.3 4.4	Number of COPD exacerbations during the last 12 months	☐(1) Unknown → continue to 5 ☐(2) Known, number: I__I__|
4.5	Number of exacerbations with outpatients treatment in emergency departments during the last 12 months	I__I__I
4.6	Number of exacerbations with hospitalisation during the last 12 months	I__I__I

CAROL **GP Questionnaire T0 (at patient inclusion) Patient ID:«Number of GP»-«Number of patient»**

5. Current pulmonary medication (incl. oxygen)

	Product name	Dose	Regimen				
			morning	midday	evening	night	as needed
5.1	.....	.....	|___|	|___|	|___|	|___|	☐
5.2	.....	.....	|___|	|___|	|___|	|___|	☐
5.3	.....	.....	|___|	|___|	|___|	|___|	☐
5.4	.....	.....	|___|	|___|	|___|	|___|	☐
5.5	.....	.....	|___|	|___|	|___|	|___|	☐
5.6	.....	.....	|___|	|___|	|___|	|___|	☐

Thank you!

Please do not forget! The number on the questionnaire must match the patient ID number.

Please return the questionnaire using the prestamped enveloppe or by Fax to the number 044 255 90 97

Please contact us if you have any questions!

Tel. 044 255 98 55

PD Dr.med. C. Steurer-Stey Prof. Dr. med. Thomas Rosemann

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CAROL **GP Questionnaire T1 (after 12 months)** **Patient ID** __-__

Please do not forget! The number on the questionnaire must match the patient ID number.

0.1	Date	I__I__I.I__I__I.I__I__I__I__I
0.2	Is the patient still participating in the trial ?	☐ Yes → go to **1.** ☐ No
0.3	Patient dropped out: Please state the reason an finish the questionnarie	☐ Died ☐ Moved away ☐ other Reason: …… → go to last page

1. General information

1.1	Sex	☐ männlich ☐ weiblich
1.2	Birthdate	I__I__I.I__I__I.I__I__I__I__I
1.3	Have you made a new spirometry since study inclusion	☐Yes Date …… ☐ No → continue to 2
1.4	Current FEV1	FEV1 in Liter I__I.__I__I L FEV1 % expected I__I__I__I

2. Smoking

2.1	Current smoking status	☐ Ex-smoker before January 2015 → continue to 3.1 ☐ Current smoker ☐ Current smoking state unknown ☐ Stopped smoking after January 2015
2.2	Smoking cessation tries since January 2015?	☐ No smoking cessation tries ☐ Cessation temporarily achieved ☐ Cessation ongoing

CAROL GP Questionnaire T1 (after 12 months) **Patient ID __-__**

2.3	During the last 12 months: Have you asked the patients about his motivation to quit smoking?	☐ Yes ☐ No
2.4	Have you used a scale from 0-10 to measure the motivation?	☐ Yes → Value |__|__| ☐ No
2.5	During the last 12 months: Have you motivated the patient to quit smoking?	☐ Yes ☐ No
2.6	During the last 12 months: Have you initiated any smoking cessation intervetnions (pharmacotherapy or counselling)	☐ Yes, in my practice ☐ Yes, I referred to patient ☐ No ☐ I offered but the patient refused

3. COPD history and consultations during the last 12 months

Exacerbations are defined as acute worseing of symptoms lasting over more then 24 hourse requiring therapy adjustments with systemic steroids or antibiotics.

3.1	Have you asked the patient about the number of acute and lasting worsening of symptoms / exacerbations during the last 12 months?	☐ Yes ☐ No → continue to 3.3
3.2	Number of COPD exazerbations during the last 12 months	I__I__I
3.3	Number of exacerbations with hospitalisation during the last 12 months	I__I__I
3.4	Number of exacerbations with outpatients treatment in emergency departments during the last 12 months	I__I__I
3.5	Number of emergency practice visits because of COPD during the last 12 months	I__I__I
3.6	Number of planned practice visits because of COPD during the last 12 months	I__I__I

CAROL GP Questionnaire T1 (after 12 months) **Patient ID** __-__

4. Current pulmoary medication

			Regimen				
	Product name	**Dose**	**morning**	**midday**	**evening**	**night**	as needed
4.1	.....	.....	|___|	|___|	|___|	|___|	☐
4.2	.....	.....	|___|	|___|	|___|	|___|	☐
4.3	.....	.....	|___|	|___|	|___|	|___|	☐
4.4	.....	.....	|___|	|___|	|___|	|___|	☐
4.5	.....	.....	|___|	|___|	|___|	|___|	☐
4.6	.....	.....	|___|	|___|	|___|	|___|	☐

5-8. Additional measures:

5	**Influenza vaccination**	
5.1	During the last 12 months: Have you administered an influenza vaccination for the patient?	☐ Yes ☐ No ☐ Patient refused vaccination ☐ Patient receiced vaccination elsewhere
6	**Physical activity**	
6.1	During the last 12 months: Hav you asked the patient about his physical activity?	☐ Yes ☐ No

CAROL GP Questionnaire T1 (after 12 months) **Patient ID** __-__

6.2	During the last 12 months: Have you recommended physical activity for this patient?	☐ Yes ☐ No ☐ Patient was already sufficently active
6.3	During the last 12 months: Have you tested the patient's physical capacitiy?	☐ Yes ☐ No → continue to 6.5 ☐ Patient refused testing → continue to 6.5
6.4	Which method did you use to test the patient's physical capacity	☐ Ergometry ☐ Sit to stand Test ☐ 6 Minutes Walking Test ☐ Other method: ……
6.5	During the last 12 months: Have you sent the patient to pulmonary rehabilitation?	☐ Yes ☐ No ☐ Patient refused it
7	**Patient education**	
7.1	During the last 12 months: Have you offered the patient a COPD patient-education class?	☐ Yes, and perfomed in my own practice ☐ Yes, referred externally COPD ☐ No ☐ Patient refused it ☐ Patient already received education previously
7.2	During the last 12 months: Which measures did you take (Multiple choice item)	☐ General information about COPD and causes
7.3		☐ Information about COPD-Drugs and side effects
7.4		☐ Handed out a COPD brochure
7.5		☐ Drug Inhalation technique **explained** ☐ **Drug Inhalation technique demonstrated** ☐ **Drug Inhalation technique tested**
7.6		☐ Instruction in recognition of acute COPD exacerbations and taking adequate measures

CAROL GP Questionnaire T1 (after 12 months) **Patient ID** __-__

7.7	During the lat 12 months: Have you delivered to the patient a COPD exacerbation action plan including instructions and drugs ?	☐ Yes, I delivered a written COPD action plan ☐ I explained this only verbally ☐ No action plan delivered or explained
8	**Network / collaboration**	
8.1	During the last 12 months: Were you in contact with other healthcare caring for this patient? Plase tick the box if Yes Multiple Choice item	☐ Lung specialist
8.2		☐ Hospital
8.3		☐ Physical therapist
8.4		☐ Lung league
8.5		☐ Pulmonary rehabilitation
8.6		☐ Home care
8.7		☐ Self-help group

9 Only for physicians in the intervention group

9.1	During the last 12 months: How often have you used the COPD care bundle with this patient?	☐ during every consultation Approximately. I__I__I times ☐ never
9.2	How have you used the care bundle for this patient?	☐ As a checklist (to fill in) ☐ As a remonder list (not fillig in) ☐ Not used at all

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CAROL Patient Questionnaire T0 (at inclusion) **Patient ID** I__I__I-I__I__I

0.1	Date	I__I__I.I__I__I.I__I__I__I__I

1. General information

1.1	Sex	☐(1) male ☐(2) female
1.2	Birthdate	I__I__I.I__I__I.I__I__I__I__I
1.3	Employment	☐(1) Still working ☐(2) Partially retired ☐(3) Fully retired ☐(4) Unemployed
1.4	How many years of education have you absolved (including elementary school, highschool and university)	☐(1) ≤9 ☐(2) 10-12 ☐(3) ≥13
1.5	What is your livinig situation?	☐(1) in partnership ☐(2) alone ☐(3) receiving outside help at home ☐(4) living in a care facility

2. Information about you lung disease (COPD)

2.1	Since when do you know about your lung disease?	Month / Year I__I__I / I__I__I__I__I
2.2	Do you smoke or have you smoked previously?	☐(1) I still smoke ☐(2) I am an ex-smoker
2.3	How many years of your life where you a smoker?	Number of years: I__I__I
2.4	On average, how many cigarettes did you smoke per day during your years as smoker?	Average number of cigarettes per day: I__I__I__I
2.5	If you are ex-smoker: When did you quit smoking?	Ex-smoker since: Month/Year I__I__I.I__I__I__I__I
2.6 2.7	If your are a smoker Are you motivated to quit smoking?	☐(1) Yes ☐(2) No Mark your current motivation to quit smoking on the scale below (0=not motivated at all, 10= highest possible motivation) **0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10**

CAROL Patient Questionnaire T0 (at inclusion) **Patient ID** I__I__I-I__I__I

3. Therapy recommendations during the last 12 months

3.1	If you were a smoker during the last 12 months: Did your GP advise or motivate you to quit smoking?	☐(1) Yes ☐(2) No
3.2	During the last 12 months: Did your GP offer you help to quit smoking?	☐(1) Yes ☐(2) No
3.3.	During the last 12 months: Have you received an influenza vaccination from your GP?	☐(1) Yes ☐(2) No ☐(3) I refused to be vaccined ☐(4) I received the vaccination elsewhere
3.4.	During the last 12 months: Has your GP asked about your physical activity?	☐(1) Yes ☐(2) No
3.5.	During the last 12 months: Has your GP advised or motivated you to be physically active?	☐(1) Yes ☐(2) No
3.6.	During the last 12 months: Has your GP referred you to pulmonary rehabilitation?	☐(1) Yes ☐(2) No ☐(3) I refused this
3.7.	During the last 12 months: Has your GP offered you an education program or class for COPD?	☐(1) Yes ☐(2) No ☐(3) I refused this
3.8.	During the last 12 months: Have you received an information brochure or where you suffiently informed about COPD by your GP?	☐(1) Yes ☐(2) No
3.9. 3.10.	During the last 12 months: Have you received knowledge about COPD and its causes?	☐(1) Yes, from my GP ☐(2) No ☐(3) Yes, by someone else than my GP If someone else, who? : _____

CAROL **Patient Questionnaire T0 (at inclusion)** **Patient ID** |__|__|-|__|__|

3.11. 3.12.	During the last 12 months: Have you received knowledge about effects and side-effects of drugs for COPD?	☐(1) Yes, from my GP ☐(2) No ☐(3) Yes, by someone else than my GP If someone else, who? : _____
3.13 3.14.	During the last 12 months: Was the **inhalation** of COPD drugs **explained** to you?	☐(1) Yes, by my GP or his assistant ☐(2) No ☐(3) Yes, by someone else than my GP If someone else, who? : _____
3.15. 3.16.	During the last 12 months: Was the **inhalation** of COPD drugs **demonstrated** to you?	☐(1) Yes, by my GP or his assistant ☐(2) No ☐(3) Yes, by someone else than my GP If someone else, who? : _____
3.17. 3.18	During the last 12 months: Was your **inhalation technique** of COPD drugs **tested or assessed**?	☐(1) Yes, by my GP or his assistant ☐(2) No ☐(3) Yes, by someone else than my GP If someone else, who? : _____
3.19. 3.20.	During the last 12 months: Have you been explained how to recognize an acute worsening of you COPD?	☐(1) Yes, by my GP ☐(2) No ☐(3) Yes, by someone else than my GP If someone else, who? : _____
3.21. 3.22	During the last 12 months: Have you received an action plan on what to do if an acute worsening / exacerbation of COPD occurred?	☐(1) Yes, from my GP ☐(2) No ☐(3) Yes, from someone else than my GP If someone else, who? : _____

CAROL Patient Questionnaire T0 (at inclusion) **Patient ID** I__I__I-I__I__I

4. Your current symptoms

4.1	Severity of you shortness of breath	☐(1) I never have shortness of breath ☐(2) I only get breathless with strenuous exercise ☐(3) I get short of breath when hurrying on level ground or walking up a slight hill ☐(4) On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level ☐(5) I stop for breath after walking about 100 yards or after a few minutes on level ground ☐(6) I am too breathless to leave the house or I am breathless when dressing
4.2 4.3 4.4 4.5 4.6	I am currently experiencing a worsening of my lung disease COPD **Definition of a worsening of COPD:** When you have at least a worsening of two of the following symptoms: **Breathlessness, cough or phlegm** exceeding your normal day-to-day fluctuations	☐(1) Yes ☐(2) No if yes, how do you react? (multiple chices possible) ☐(1) I take no special measures ☐(1) I inhale more than normal ☐(1) I take cortison tablets ☐(1) I take antibiotics

5. Your symptoms during the last 12 months

5.1.	Phlegm from your lung during the last 12 months	☐(1) Never ☐(2) rarely ☐(3) often ☐(4) all the time
5.2.	Cough during the last 12 months	☐(1) Never ☐(2) rarely ☐(3) often ☐(4) all the time
5.3	During the last 12 months, how often have you seen you GP because of COPD	☐ never ☐ once ☐ more then once, approximatley I__I__I times

CAROL Patient Questionnaire T0 (at inclusion) **Patient ID** I__I__I-I__I__I

5.4	During the last 12 months: How often have you experienced an acute worsening of your lung disease COPD (see 4.2 for definition)	☐ never ☐ once ☐ more then once, approximatley I__I__I times
5.5	How often have you reported such acute worsenings to your GP?	☐(1) never ☐(2) sometimes ☐(3) most of the times ☐(4) always
5.6	How often have you treated acute worsenings of COPD yourself wihout going to your GP?	☐(1) never ☐(2) sometimes ☐(3) most of the times ☐(4) always
5.7	During the last 12 months: How often did you need urgent / unplanned consultations with your GP because of COPD?	☐ never ☐ once ☐ more then once, approximatley I__I__I times
5.8	During the last 12 months: How often have you seen a lung specialist for your COPD? (not counting your GP)	☐ never ☐ once ☐ more then once, approximatley I__I__I times
5.9 5.10	During the last 12 months: how often did you go to the hospital (emergency department or inpatient treatment)	I__I__I times for inpatient treatment I__I__I times for outpatient treatment only

CAROL Patient Questionnaire T0 (at inclusion) **Patient ID** I__I__I-I__I__I

6. CAT (COPD Assessment Test)

Please tick the boxes which best describe your **current** symptoms. Please cross one box on each line.

6.1	I never cough	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	Ich cough all the time
6.2	I have no phlegm (mucus) in my chest at all	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	My chest is full of phlegm (mucus)
6.3	My chest does not feel tight at all	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	My chest feels very tight
6.4	When I walk up a hill or one flight of stairs I am not breathless	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	When I walk up a hill or one flight of stairs I am very breathless
6.5	I am not limited doing any activities at home	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I am very limited doing activities at home
6.6	I am confident leaving my home despite my lung condition	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I am not at all confident leaving my home because of my lung condition
6.7	I sleep soundly	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I don't sleep soundly because of my lung condition
6.8	I have lots of energy	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I have no energy at all

CAROL Patient Questionnaire T0 (at inclusion) **Patient ID |__|__|-|__|__|**

7. Healthcare ressources outside of your GP's practice

7.1	Please mark other healthcare ressources or professionals you have had contact with for treating your COPD during the last 12 months.	☐(1) Lung specialist
7.2		☐(1) Hospital
7.3		☐(1) Physical therapist
7.4		☐(1) Lung league
7.5		☐(1) pulmonary rehabilitation
7.6		☐(1) Home care
7.7		☐ ……
7.8.		☐ ……

8. Lung medication

Please fill in every lung medication (pills or inhalation including oxygen) you are currently prescribed

		Regimen (Number of pills or inhalations)				
	Product name	**mornign**	**midday**	**evening**	**night**	on demand
8.1	……..	|___|	|___|	|___|	|___|	☐
8.2	……	|___|	|___|	|___|	|___|	☐
8.3		|___|	|___|	|___|	|___|	☐
8.4		|___|	|___|	|___|	|___|	☐
8.5		|___|	|___|	|___|	|___|	☐
8.6		|___|	|___|	|___|	|___|	☐
8.7		|___|	|___|	|___|	|___|	☐
8.8		|___|	|___|	|___|	|___|	☐

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CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** I__I__I-I__I__I

0.1	Date	I__I__I.I__I__I.I__I__I__I__I

1. Basic information

1.1	Sex	☐ male ☐ female
1.2	Birthdate	I__I__I.I__I__I.I__I__I__I__I

2. Information about smoking

2.1	Are you smoker or ex-smoker (please follow the most suitable sttements and the according arrows (→) on the right side)	☐ I am currently a smoker → continue to 2.2 ☐ I am an ex-smoker please give approximate stopping date and continue below Stopping Date (month.year) I__I__I.I__I__I__I__I Stopped before January 2015? → If yes, go to 2.3 → If no, go to 3.1
2.2	Are you motivated to quit smoking?	☐ Yes Mark your current motivation to quit smoking on the scale below (0=not motivated at all, 10= highest possible motivation) **0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10** ☐ No
2.3	During the last 12 months: Did your GP ask about your motivation or advised you to quit smoking?	☐ Yes ☐ No
2.4	During the last 12 months: Did your GP offer you help to quit smoking?	☐ Yes ☐ No

CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** |__|__|-|__|__|

3. Therapy recommendations during the last 12 months

3.1	During the last 12 months: Have you received an influenza vaccination from your GP?	☐(1) Yes ☐(2) No ☐(3) I refused to be vaccined ☐(4) I received the vaccination elsewhere
3.2	During the last 12 months: Has your GP asked about your physical activity?	☐ Yes ☐ No
3.3	During the last 12 months: Has your GP motivated or advised you to be physically active?	☐ Yes ☐ No
3.4	During the last 12 months: Has your GP referred you to pulmonary rehabilitation?	☐(1) Yes ☐(2) No ☐(3) I refused this
3.5	During the last 12 months: Has your GP offer you any kind of education program or class for COPD?	Multiple choice possible ☐Yes, I received this education from my GP ☐Yes, I received this education outside the GP's practice ☐No, I received no such offer ☐ I received such offer but I declined it
3.6	During the last 12 months: Have you received an information brochure or where you suffiently informed about COPD by your GP?	☐ Yes ☐ No

CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** I__I__I-I__I__I

3.7.	During the last 12 months: Have you received knowledge about COPD and its causes?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No
3.8	During the last 12 months: Have you received knowledge about effects and side-effects of drugs for COPD?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No
3.9	During the last 12 months: Was the **inhalation** of COPD drugs **explained** to you?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No
3.10	During the last 12 months: Was the **inhalation** of COPD drugs **demonstrated** to you?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No
3.11	During the last 12 months: Was your **inhalation technique** of COPD drugs **tested or assessed**?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No
3.12.	During the last 12 months: Have you been explained how to recognize an acute worsening of you COPD?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No
3.13	During the last 12 months: Have you received an action plan on what to do if an acute worsening / exacerbation of COPD occurred?	☐ Yes, from my GP / practice assistant ☐ Yes, but outside the GP's practice, namely: _____ ☐ No

CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** I__I__I-I__I__I

4. Your symptoms during the last 12 months

4.1.	Phlegm from your lung during the last 12 months	☐ Never ☐ rarely ☐ often ☐ all the time
4.2.	Cough during the last 12 months	☐ Nie ☐ rarely ☐ often ☐ all the time
4.3	Severity of you shortness of breath	☐(1) I never have shortness of breath ☐(2) I only get breathless with strenuous exercise ☐(3) I get short of breath when hurrying on level ground or walking up a slight hill ☐(4) On level ground, I walk slower than people of the same age because of breathlessness, or I have to stop for breath when walking at my own pace on the level ☐(5) I stop for breath after walking about 100 yards or after a few minutes on level ground ☐(6) I am too breathless to leave the house or I am breathless when dressing
4.4	How do you react when you experience an acute worsening of your COPD (exacerbation). An acute worsening is when you have at least a worsening of two of the following symptoms: Breathlessness, cough or phlegm exceeding your normal day-to-day fluctuations	Multiple choices are possible ☐ I take no special measures ☐ I inhale more than normal ☐ I take cortison tablets ☐ I tage antibiotics ☐ I have a written action plan that tells me what to do in such a case. ☐ I make an appointment with my GP ☐ I do something else: _____

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5. Health service for COPD during the last 12 months

5.1	During the last 12 months: How often have you seen your GP because of COPD	☐ never ☐ approximately I__I__I times
5.2	During the last 12 months: How often have you experienced acute worsening of COPD? (Increase of phlegm, cough oder shortness of breath)	☐ never ☐ approximately I__I__I times
5.3	How often have you reported such acute worsenings to your GP?	☐(1) never ☐(2) sometimes ☐(3) most of the times ☐(4) always
5.4	How often have you treated acute worsenings of COPD yourself wihout going to your GP?	☐(1) never ☐(2) sometimes ☐(3) most of the times ☐(4) always
5.5	During the last 12 months: How often did you need urgent / unplanned consultations with your GP because of COPD?	☐ never ☐ approximately I__I__I times
5.6	During the last 12 months: How often have you seen a lung specialist for your COPD? (not counting your GP)	☐ never ☐ approximately I__I__I times
5.7	During the last 12 months: how often did you go to the hospital (emergency department or inpatient treatment)	I__I__I times for inpatient treatment I__I__I times for outpatient treatment only

CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** I__I__I-I__I__I

6. CAT (COPD Assessment Test)

Please tick the boxes which best describe your **current** symptoms. Please cross one box on each line.

6.1	I never cough	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	Ich cough all the time
6.2	I have no phlegm (mucus) in my chest at all	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	My chest is full of phlegm (mucus)
6.3	My chest does not feel tight at all	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	My chest feels very tight
6.4	When I walk up a hill or one flight of stairs I am not breathless	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	When I walk up a hill or one flight of stairs I am very breathless
6.5	I am not limited doing any activities at home	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I am very limited doing activities at home
6.6	I am confident leaving my home despite my lung condition	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I am not at all confident leaving my home because of my lung condition
6.7	I sleep soundly	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I don't sleep soundly because of my lung condition
6.8	I have lots of energy	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	I have no energy at all

CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** |__|__|-|__|__|

7. Healthcare ressources outside of your GP's practice

7.1	Please mark other healthcare ressources or professionals you have had contact with for treating your COPD during the last 12 months.	☐(1) Lung specialist
7.2		☐(1) Hospital
7.3		☐(1) Physical therapist
7.4		☐(1) Lung league
7.5		☐(1) pulmonary rehabilitation
7.6		☐(1) Home care
7.7		☐ ……
7.8.		☐ ……

8. Lung medication

Please fill in every lung medication (pills or inhalation including oxygen) you are currently prescribed

		Regimen (Number of pills or inhalations)				
	Product name	**mornign**	**midday**	**evening**	**night**	on demand
8.1	……	|___|	|___|	|___|	|___|	☐
8.2	……	|___|	|___|	|___|	|___|	☐
8.3		|___|	|___|	|___|	|___|	☐
8.4		|___|	|___|	|___|	|___|	☐
8.5		|___|	|___|	|___|	|___|	☐
8.6		|___|	|___|	|___|	|___|	☐
8.7		|___|	|___|	|___|	|___|	☐
8.8		|___|	|___|	|___|	|___|	☐

CAROL Patient Questionnaire T1 (after 12 months) **Patient ID** |__|__|-|__|__|

Thank you!

Please return the questionnaire using the prestamped enveloppe.

Please contact us if you have any questions!

Tel. 044 255 98 55

Prof. Dr.med. C. Steurer-Stey Prof. Dr. med. Thomas Rosemann