

COPD ASSESSMENT IN PRIMARY CARE TO IDENTIFY UNDIAGNOSED RESPIRATORY DISEASE AND EXACERBATION RISK (CAPTURE)

ID NUMBER:

FORM CODE: CAP
VERSION: 1.0 02/24/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit.

For each question, select the answer that is best for you. There are no right or wrong answers, only answers that are right for you.

1) Have you ever lived or worked in a place with dirty or polluted air, smoke, second-hand smoke, or dust?

- No₀
 Yes₁

2) Does your breathing change with the seasons, weather, or air quality?

- No₀
 Yes₁

3) Does your breathing make it difficult to do such things as carry heavy loads, shovel dirt or snow, jog, play tennis, or swim?

- No₀
 Yes₁

4) Compared to others your age, do you tire easily?

- No₀
 Yes₁

5) In the past 12 months, how many times did you miss work, school, or other activities due to a cold, bronchitis, or pneumonia?

- None₀
 Once₁
 2 or more₂

6) CAPTURE score:

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

END OF FORM