**COPD Population Screener**

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| **Questions** | **Answers** | **Scoring criteria** | **Score** |
| 1. During the past 4 weeks, how much of the time did you feel short of breath? | None of the time | 0 |  |
| A little of the time | 0 |
| Some of the time | 1 |
| Most of the time | 2 |
| All of the time | 2 |
| 2. Do you ever cough up any “stuff,” such as mucus or phlegm? | No, never | 0 |  |
| Only with occasional colds or chest infections | 0 |
| Yes, a few days a month | 1 |
| Yes, most days a week | 1 |
| Yes, every day | 2 |
| 3. Please select the answer that best describes you in the past 12 months.I do less than I used to because of my breathing problems. | Strongly disagree | 0 |  |
| Disagree | 0 |
| Unsure | 0 |
| Agree | 1 |
| Strongly agree | 2 |
| 4. Have you smoked at least 100 cigarettes in your entire life? | No | 0 |  |
| Yes | 2 |
| 5. How old are you? | 35-49 | 0 |  |
| 50-59 | 1 |
| 60-69 | 2 |
| ≥70 | 2 |
| **If your total score is 5 or more**, your breathing problems may be caused by COPD. | | Total score |  |

**COPD screening questionnaire**

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| **Questions** | **Answers** | **Scoring criteria** | **Score** |
| 1. How old are you? | 40-49 | 0 |  |
| 50-59 | 4 |
| 60-69 | 8 |
| ≥70 | 11 |
| 2. Smoking intensity (average number of packs of cigarettes  smoked per day multiplied by smoking years) | Never | 0 |  |
| 1-14.9 | 2 |
| 15-29.9 | 4 |
| ≥30 | 5 |
| 3. Body mass index (kg / m2) | ＜18.5 | 7 |  |
| 18.5-23.9 | 4 |
| 24.0-27.9 | 1 |
| ≥28.0 | 0 |
| 4. Do you often cough? | Yes | 5 |  |
| No | 0 |
| 5. Which is the best description for your dyspnoea? | I don’t have a problem of breathlessness except during strenuous exercise. | 0 |  |
| I experienced shortness of breath when I was hurrying on flat ground or  walking up a small slope. | 3 |
| I have to stop for breath when I’m walking at my own pace on flat ground | 6 |
| 6. Exposure to biomass smoke from cooking fires | Yes | 1 |  |
| No | 0 |
| 7. Family history of respiratory disease | Yes | 3 |  |
| No | 0 |
| **If your total score is 16 or more**, your breathing problems may be caused by COPD. | | Total score |  |

**COPD Screening Questionnaire-Minhang**

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| **Questions** | **Answers** | **Scoring Criteria** | **Score** |
| 1. How old are you? | ＜40 | 0 |  |
| 40-49 | 1 |
| 50-59 | 2 |
| 60-69 | 3 |
| ≥70 | 4 |
| 2. What’s your smoking intensity (average number of packs of cigarettes smoked per day multiplied by smoking years) | Never | 0 |  |
| 1-9 | 1 |
| 10-19 | 2 |
| 20-29 | 3 |
| ≥30 | 4 |
| 4. Do you often cough? | None of the time | 0 |  |
| A little of the time | 1 |
| Some of the time | 2 |
| Most of the time | 3 |
| All of the time | 4 |
| 4. Do you ever cough up any “stuff,” such as mucus or phlegm? | None of the time | 0 |  |
| A little of the time | 1 |
| Some of the time | 2 |
| Most of the time | 3 |
| All of the time | 4 |
| 5. Do you ever dyspnoea? | None of the time | 0 |  |
| A little of the time | 1 |
| Some of the time | 2 |
| Most of the time | 3 |
| All of the time | 4 |
| **If your total score is 7 or more**, your breathing problems may be caused by COPD. | | Total score |  |