



Road to Wellness  
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### COPD Assessment

It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to [wellness@shpg.com](mailto:wellness@shpg.com).

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CURRENT PHONE NUMBER:** \_\_\_\_\_

1. Have you had a physician office visit for your COPD at least once in the last 6 months?  
 Yes  No
2. Do you use Oxygen therapy?  Yes  No If yes, how often and how many (LPM) Liters Per Minute? \_\_\_\_\_
3. Do you have any shortness of breath during activities or exercise?  Yes  No
4. How many times do you have chest tightness, cough, shortness of breath or wheezing?  
 None  2 or less times a week,  more than 2 times a week, but less than 1 time a day,  daily,  more than 1 time a day
5. How often does your doctor check your lung function by spirometry testing?  
 Annually  at least every other year,  only when I was diagnosed,  never  
Date of last spirometry test \_\_\_\_\_ Result:  Normal  Abnormal
6. Have you gained or lost any weight?  Yes  NO
7. Have you had any changes in your smoking status?  Yes  NO
8. Do you monitor your blood pressure as prescribed by your physician?  
 Yes  No  No MD order  
Please list your last B/P reading \_\_\_\_\_
9. Have you had any changes in your COPD medications?  Yes  No  
If yes please list changes \_\_\_\_\_  
\_\_\_\_\_
10. Have you achieved your current COPD goal?  Yes  No
11. What goal do you want to achieve for your COPD before our next follow-up contact? \_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!