

1 out of every 8 Americans over 45 have COPD¹ (chronic obstructive pulmonary disease)



COPD is sneaky. Most people don't realize they have it until their symptoms affect their normal activities.



What are the symptoms?

- shortness of breath
- coughing
- wheezing
- fatigue

What increases your risk?

- smoking and other exposures to tobacco smoke
- pollution
- exposure to chemicals
- genetics

COULD YOU HAVE COPD?

Fill out the screener on the back of this page and talk to your doctor. Getting a diagnosis means you can get started on a treatment that is right for you.

COPD Foundation is here to help. Visit www.copdfoundation.org to learn more.



Are you or someone you love experiencing symptoms of COPD or other lung disease, but have not been diagnosed?

Fill out the screening tool on the back of this page and take it to your health care provider/doctor.

¹<https://www.nhlbi.nih.gov/health-topics/education-and-awareness/COPD-national-action-plan>

COPD Screening Tool

Are you experiencing symptoms of COPD or other lung disease, but have not been diagnosed? Fill out this screening tool and take it to your health care provider/doctor for further discussion.

CAPTURE Screening Tool

For each question, place an X in the box with the answer that is best for you. There are no right or wrong answers, only answers which are right for you.

Please answer each question	No	Yes	
1. Have you ever lived or worked in a place with dirty or polluted air, smoke, second-hand smoke, or dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your breathing change with seasons, weather, or air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your breathing make it difficult to do things such as carry heavy loads, shovel dirt or snow, jog, play tennis, or swim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Compared to others your age, do you tire easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	1	2 or more
5. In the past 12 months, how many times did you miss work, school, or other activities due to a cold, bronchitis, or pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***C**OPD **A**ssessment in **P**rimary Care to identify **U**ndiagnosed **R**espiratory Disease & **E**xacerbation Risk™

Your health care provider/doctor will use this scoring to determine if further treatment or evaluation is needed. Depending on your score, your health care provider should have you complete a simple breathing test on a machine called a spirometer. Your health care provider can find more information at www.in8copd.org.



CAPTURE Tool Scoring and Clinical Recommendations

Total Score (check **ONLY one box** based on above score) **RECOMMENDED ACTION:**

0 or 1 <input type="checkbox"/>	A. Low likelihood of COPD based on CAPTURE: No further testing recommended at this time
2, 3, or 4 Record Highest Peak Flow (highest of 3): _____ L/min <small>(check one based on highest Peak Flow)</small> Females ≥ 250 L/min Males ≥ 350 L/min <input type="checkbox"/> Females < 250 L/min Males < 350 L/min <input type="checkbox"/>	B. Consider rescreening or reassessing in 12 months C. Evaluation including spirometry recommended
5 or 6 <input type="checkbox"/>	D. Significant likelihood of COPD: Evaluation including spirometry recommended