

This is a **Sample** version of the
Clinical COPD Questionnaire (CCQ)

The **full version** of the CCQ comes without 'sample' watermark.

The full complete 13 page version includes –

- CCQ Overview information
- CCQ Scoring/ Administration instructions
- CCQ Complete Questionnaire/Assessment
- CCQ Clinical Validity

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Development, validity and responsiveness of the Clinical COPD Questionnaire

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Abstract

Background: The new Global Obstructive Lung Disease (GOLD) guidelines advice to focus treatment in Chronic Obstructive Pulmonary Disease (COPD) on improvement of functional state, prevention of disease progression and minimization of symptoms. So far no validated questionnaires are available to measure symptom and functional state in daily clinical practice. The aim of this study was to develop and validate the Clinical COPD Questionnaire (CCQ).

Methods: Qualitative research with patients and clinicians was performed to generate possible items to evaluate clinical COPD control. Thereafter, an item reduction questionnaire was sent to 77 international experts. Sixty-seven experts responded and the 10 most important items, divided into 3 domains (symptoms, functional and mental state) were included in the CCQ (scale: 0 = best, 6 = worst).

Results: Cross-sectional data were collected from 119 subjects (57 COPD, GOLD stage I-III; 18 GOLD stage 0 and 44 (ex)smokers). Cronbach's α was high (0.91). The CCQ scores in patients (GOLD 0-III) were significantly higher than in healthy (ex)smokers. Furthermore, significant correlations were found between the CCQ total score and domains of the SF-36 ($\rho = 0.48$ to $\rho = 0.69$) and the SGRQ ($\rho = 0.67$ to $\rho = 0.72$). In patients with COPD, the correlation between the CCQ and FEV₁%pred was $\rho = -0.49$. Test-retest reliability was determined in 20 subjects in a 2-week interval (Intra Class Coefficient = 0.94). Thirty-six smokers with and without COPD showed significant improvement in the CCQ after 2 months smoking cessation, indicating the responsiveness of the CCQ.

Conclusion: The CCQ is a self-administered questionnaire specially developed to measure clinical control in patients with COPD. Data support the validity, reliability and responsiveness of this short and easy to administer questionnaire.

**This is the end of the sample CCQ clinical validity.
Please return to page 1 to purchase complete version.**

Scoring the Clinical COPD Questionnaire

Use the total score to categorize your patient's impairment; use the domains to focus your treatment.

General

The questions in the Clinical COPD Questionnaire (CCQ) are divided into three area's, or domains:

Symptoms: items 1, 2, 5 en 6

Functional state: items 7, 8, 9 en 10

Mental state: items 3 en 4

Missing data rule

SAMPLE

**This is the end of the sample CCQ scoring & admin instructions.
Please return to page 1 to purchase complete version.**

CHRONIC OBSTRUCTIVE PULMONARY DISEASE QUESTIONNAIRE

Agent: _____	Phone: _____	Fax: _____
Proposed Insured Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: _____		
Face Amount: _____ Max. Premium: \$ _____/year <input type="checkbox"/> UL <input type="checkbox"/> WL <input type="checkbox"/> Term <input type="checkbox"/> Survivorship		
Do you currently smoke cigarettes? <input type="checkbox"/> Y <input type="checkbox"/> N If no, did you ever smoke: <input type="checkbox"/> Never <input type="checkbox"/> Quit (Date): _____		
Do you currently use any other tobacco products (e.g. cigars, pipe, snuff, nicotine patch, Nicorette gum...): <input type="checkbox"/> Y <input type="checkbox"/> N		
If Yes, please provide details: _____		
When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____		
Height: _____ ft. _____ in. Weight: _____ lbs.		

(1) *Date of diagnosis:* _____

(2) *Type of lung disease diagnosed with Chronic Obstructive Pulmonary Disease (COPD):*

Asthma Chronic Bronchitis Emphysema Restrictive lung disease Other: _____

(3) *Has the proposed insured ever been hospitalized for the condition?* No Yes Date(s): _____

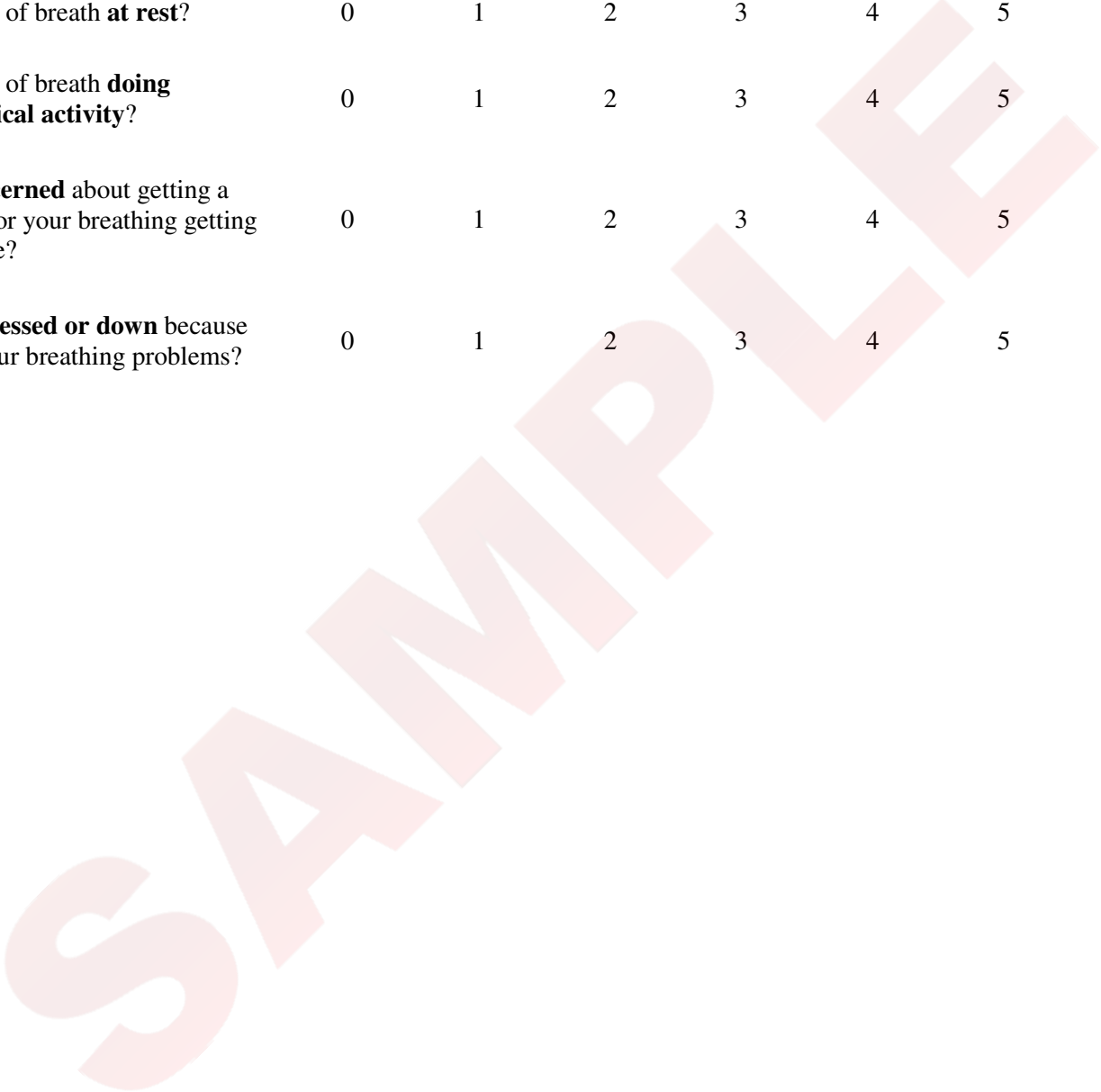
(4) *Is the proposed insured taking medications (incl. inhalers and oxygen)?* No Yes If yes, please give details:

Name of Medication (Prescription or Otherwise)	Dates Used	Quantity Taken	Frequency Taken

CLINICAL CHRONIC OBSTRUCTIVE PULMONARY DISEASE QUESTIONNAIRE

Please **circle** the number of the response that best describes how you have been feeling during the **past 7 days**.
 (Only **one** response for each question)

On average, during the past 7 days , how often did you feel:	never	hardly ever	a few times	several times	many times	a great many times	almost all the time
1. Short of breath at rest ?	0	1	2	3	4	5	6
2. Short of breath doing physical activity ?	0	1	2	3	4	5	6
3. Concerned about getting a cold or your breathing getting worse?	0	1	2	3	4	5	6
4. Depressed or down because of your breathing problems?	0	1	2	3	4	5	6



This is the end of the sample CCQ questionnaire. Please return to page 1 to purchase complete version.