

COPD COLLABORATIVE SELF ASSESSMENT TOOL

Practice: _____

Questionnaire completed by: _____ Date: ___/___/___

Are you the: <input type="checkbox"/> Practice Principal <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Other Please Specify..... <input type="checkbox"/> Reception Staff <input type="checkbox"/> Practice Manager				
	ACTIVITY	YES	NO	NOT SURE
1.	Can you easily identify patients with COPD from your data base? How? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have a register for patients with COPD? Is it regularly updated? How often? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3.	Do you use a recall and reminder system for patients with COPD? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you perform pre and post spirometry tests on patients with COPD? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do you record smoking status for all patients? Do you check or update smoking status for existing patients? Do you encourage smokers to participate in smoking cessation programs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6.	Do you undertake GP Management Plans for patients with COPD? Do you undertake Team Care Arrangements for patients with COPD? Do you encourage patients to participate in pulmonary rehabilitation programs?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7.	Do you manage your COPD patients with annual fluvax immunisation? Do you manage your COPD patients with pneumovax immunisation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8.	Can you identify on your data base patients who may be at risk of COPD? How? _____ Do you proactively identify patients at risk of COPD? How often? _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9.	Can you identify patients who have been admitted to hospital for acute COPD treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do you use a practice nurse in the management of patients with COPD? In what areas? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Do you involve COPD patients in developing and delivering their care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you perform any other significant activities associated with managing your COPD patients? If so, what? _____ _____ _____			
TOTALS				