

MEP questionnaire - How have you been since the last check-up?

1. Have the symptoms of your COPD disease worsened significantly in the meantime?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
2. Have you needed unscheduled medical attention in the meantime due to an acute worsening of your COPD?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
3. Have you had an inpatient hospital stay for your COPD since the last visit to the practice?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
4. Have you had to use your inhaled medication more often or use your on-demand medication more often?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
5. Have you needed additional medication to take because of your COPD (e.g. antibiotics or cortisone)?	no	<input type="checkbox"/>	yes	<input type="checkbox"/>
			Number of your yes answers	<input type="checkbox"/>
Verification of actual exacerbation(s) with the help of targeted anamnesis by doctor or health professional. This value should be documented longitudinally in the patient file.			Number of yes answers after verification	<input type="checkbox"/>