This survey will help you get oxygen to meet your needs.

(Please put a check in the box next to your answers and fill in blanks - feel free to write on back if needed.)

Your answers will help us try to match your needs to what is available.

### Basic Info
Name: ________________
Date: ________________
Payer:
- Medicare
- Medicaid
- Insurance ________
- Self-pay

### Wish List
What I'd like for my oxygen if I could have anything I want:

- ________________
- ________________
- ________________
- ________________
- ________________

### Portable Oxygen

### Current Needs

1. Do you get short of breath when moving around?  
   (Check one)  
   - Yes  
   - No  
   - Sometimes

2. Have you been getting more short of breath in the past 30 days?  
   (Check one)  
   - Same  
   - Better  
   - Worse

3. If you measure your oxygen level when short of breath, what is it?  
   (Check one)  
   - Don't know  
   - Below 80%  
   - 80-84%  
   - 85-89%  
   - 90-95%

4. What is the longest time you spend (or plan to spend) using oxygen away from home?  
   Hours: ________

5. Would you prefer to carry oxygen or pull in a cart?  
   (Check one)  
   - Carry  
   - Pull  
   - Either

6. Do other medical problems make it hard for you to carry or pull your oxygen:  
   - Yes  
   - No  
   - Describe:

7. What activities do (or will you do) away from home using oxygen?  
   (Check all that apply)  
   - Work  
   - Sports  
   - Exercise  
   - Shopping  
   - Dining  
   - Doctor  
   - Meetings  
   - Flying  
   - Other: ________________

8. What problems have you had with portable oxygen?  
   (Check all that apply)  
   - Too heavy  
   - Oxygen ran out too soon  
   - Short battery life  
   - Still breathless when active  
   - Machine too big and bulky  
   - Machine too hard to use  
   - Tripping over tubing  
   - None  
   - Other (please describe) ________________

9. What do you use (or have you ever used) for oxygen when you are not at home?  
   (Check all that apply)  
   - Nothing  
   - Tanks  
   - Machines ________________

10. Travel: How many times each year do you travel by plane?  
    Times: ________

11. What have you used oxygen for:  
    (Check all that apply)  
    - While at rest  
    - Activity  
    - Sleep

12. Who provided your oxygen?  
    (Check all that apply)  
    - No one  
    - Bought by me  
    - Company names: ________________

Created by

U.S. COPD Coalition

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