

CHRONIC OBSTRUCTIVE PULMONARY DISEASE AUDIT

Completed Questionnaire	Age	Sex	Height(m)	Excluded? (Yes/No)	FEV ₁ Measurement	Approximate lung age	Referral? (Yes/No)	Smoking Status (Tick as appropriate)		
								Smoker	Ex-smoker	Non-smoker
1										
2										
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20										

Please return monthly audit form to the Hampshire & IOW LPC Office, Old Bank House, 59 High Street, Odiham, RG29 1LF
 Tel: 01256 704455 Fax: 08716 613991 E-mail: office@hampshirelpc.org.uk