Portable Oxygen Assessment (POA)

Please Give This Assessment To Your Doctor ☑

Portable Oxygen

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:

_____

_____

_____

_____

_____

_____

Created by

U.S. COPD COALITION

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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: _____
   _____
   _____

Oxygen Experience

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:

    _____