

Study ID: _____

Dear Participant,

Date completed: ____/____/____

Many thanks for taking the time to help us with bronchiectasis research.

Before answering the following pages please let us know:-

a) Do you have more than one chest condition? That is, bronchiectasis AND asthma / COPD / other lung condition.

YES / NO

b) How do you rate your general health?

- Very poor
- Poor
- Average
- Good
- Very good

c) Approximately when was your last chest infection?

- I feel I currently have or am still recovering from a chest infection
- Within the last 1 month
- Between 1 and 6 months ago
- Between 6 and 12months ago
- Between 1 and 2 years ago
- More than 2 years ago
- Never

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Bronchiectasis Impact Measure – how to complete the baseline questionnaire

It is important to us that this questionnaire is easy to understand and reflects patient opinion correctly. Please answer all questions thinking about your lung condition. We understand many people are affected by other conditions which cause similar symptoms but please answer what you think is because of your bronchiectasis (or at least by your chest condition for those with more than one chest condition).

Question 1 and 2 is to find out how much your condition impacts your daily life when well (what is normal for you)

- The answer to how much each category (cough, breathlessness, whether you feel you have any control over your condition etc) impacts you, should be marked on each scale. The top of the scale showing the most impact and the bottom of the scale showing no impact at all.
- The scale is numbered 0 – 10 but your answers can lie anywhere between, eg 8.3 or 4.5
- The number where your markers lie for each scale (eg 8.3 or 4.5) should be entered into the table above Question 3. This will make Question 3 easier to answer.

Question 3 will tell us the **minimum amount of change** you think you need to feel to improve your quality of life.

- Looking at the scores entered in the top table (taken from each of the scales in Question 1 and 2), we would like you to estimate a lower target which you think would start to show a worthwhile improvement in your quality of life. This will tell us the minimum amount of change needed to start making you feel better. The target for each category should be entered in the bottom table.
- If you feel no change is needed in one/some of the categories, please enter NA.

At the end, please feel free to give us feedback on this questionnaire. For example, was it easy to understand and answer? Did it ask everything you feel is important to your condition? Are there any changes you would like to see?

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Your answers to the questions below are very important to our understanding of how **bronchiectasis** impacts your quality of life.

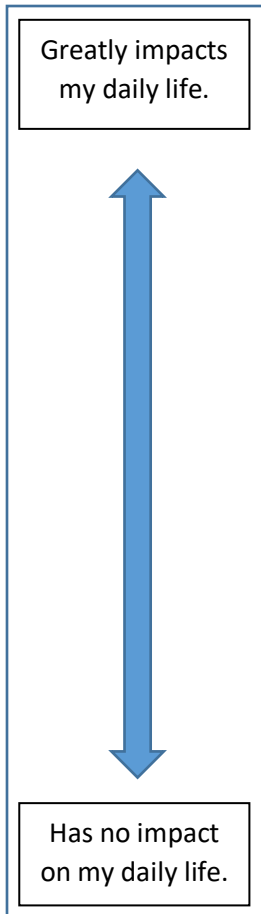
Q1) On each scale, mark how much each symptom impacts your daily life (i.e what is your normal).

Cough

Sputum (Mucus)

Breathlessness

Tiredness



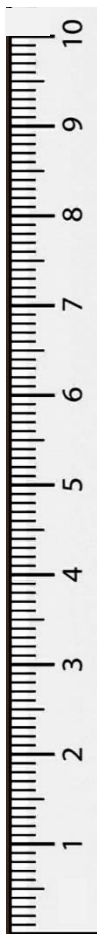
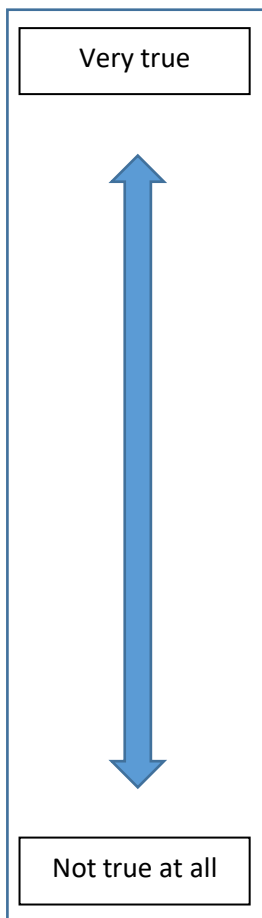
Q2) On each scale, mark how true each statement is for you day-to-day (i.e what is your normal).

My bronchiectasis impacts badly on my **daily activity**

My bronchiectasis impacts badly on my **overall health**
(includes mental, physical, emotional health)

I feel I have **no control** over my bronchiectasis

I feel **chest infections** impact badly on my quality of life



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Your answers to the questions below are very important to our understanding of how much change is needed to **start improving your** quality of life.

In Q1 and 2, when asked about the impact of bronchiectasis on your daily life, you answered;

(scores from the above scales should be entered here)

Cough	
Sputum	
Breathlessness	
Tiredness	
Daily Activity	
Overall Health	
Control	
Chest infections	
Total	

Q3) For each heading, estimate a target you feel would start to show an important difference and improvement in your daily life. Refer back to Q1 scales if needed. **NA** should be entered if you do not feel any change is needed.

Cough	
Sputum	
Breathlessness	
Tiredness	
Daily Activity	
Overall Health	
Control	
Chest infections	
Total	

Example: In Q1a, Mr Smith marks 8.3 on the 'cough' impact scale. This would mean his cough impacts quite badly on his daily life, but this is normal for him. Mr Smith feels the impact of his cough would have to decrease to at least 7.0 before he would see an improvement to his quality of life. For Q2, he enters 7.0 into the table under the 'cough' heading.