

Study ID: _____

Dear Participant,

Date completed: ____/____/____

Many thanks for continuing 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

Study ID: _____

Bronchiectasis Impact Measure – how to complete the follow-up 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) will be compared to your previous answers and will tell us how much your condition impacts your daily life

- 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

Question 3) please enter a cross in one box which describes how you feel about each of the symptoms/categories. Each column should only contain one cross.

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?

Study ID: _____

Your answers to the questions below are very important to our understanding of how your bronchiectasis changes over time.

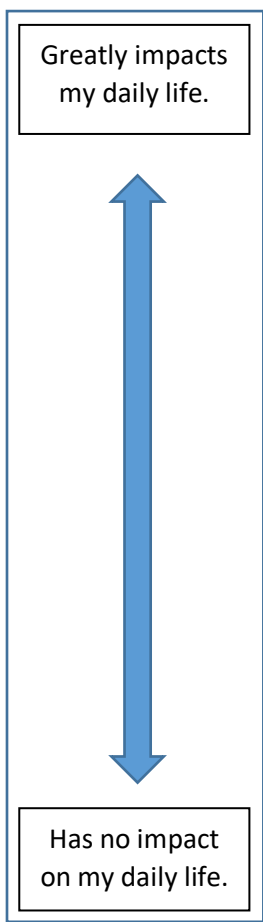
Q1) On each scale, mark how much each symptom has impacted your daily life, on average, over the past week.

Cough

Sputum (Mucus)

Breathlessness

Tiredness




Study ID: _____

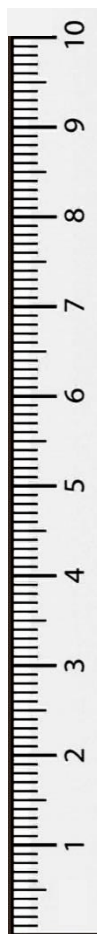
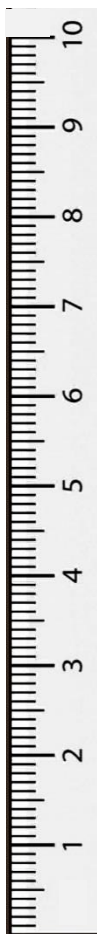
Q2) On each scale, mark how true each statement has been for you, on average, over the past week.

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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Very true



Not true at all



Study ID: _____

Q3) Compared to when you started this study, please tick one box for each category, which best describes how you feel about any changes.

	Cough	Sputum (Mucus)	Breathlessness	Tiredness	Daily Activity	Overall Health (includes mental, physical, emotional health)	Control	Chest Infections
Much better								
Slightly better								
No change								
Slightly worse								
Much worse								