1. Do you know the name of your lung disease?
   - YES
   - NO

2. Has a doctor or nurse told you how this disease affects your lungs?
   - YES
   - NO

3. Has a doctor or nurse told you what is likely to happen in the future?
   - YES
   - NO

4. Which of the following statements best describes what will happen to you over the next few years? **TICK ONE ONLY**
   - Now that my disease is being treated, I will probably get better
   - Now that my disease is being treated, I will probably stay the same
   - I will get worse
   - I have no idea
5 Has a doctor or nurse explained the **reason** for taking your inhalers or medicines?

- YES
- NO

6 Do you **try** to take your inhalers or medicines **exactly** as you have been instructed by a doctor or nurse?

- YES
- NO

7 Are you satisfied with the information doctors and nurses have given you about your inhalers or medicines?  **TICK ONE ONLY**

- I understand everything I need to know
- I understand what I have been told but I would like to know more
- I am slightly confused about my medicines
- I am very confused about my medicines

8 What sentence best describes what you have been told to do if your breathing gets worse (e.g., take two puffs instead of one)?  **TICK ONE ONLY**

- I have been told what to do and the doctor/nurse has given me written instructions
- I have been told but it is not written on paper
- I haven't been told but I know what to do
- I haven't been told and I don't know what to do
9 Have you been told when you should call an **ambulance** if your breathing worsens?  

**TICK ONE ONLY**

- I have been told what to do and the doctor/nurse has given me written instructions
- I have been told but it isn't written on paper
- I haven't been told but I know what to do
- I haven't been told and I am uncertain when an ambulance should be called

10 What best describes you?  

**TICK ONE ONLY**

- Never smoked (go to question 13)
- Used to smoke but don't now (go to question 13)
- Still smoking (go to question 11)

11 Has a doctor or nurse advised you to give up smoking?  

**YES**  

**NO**

12 Has a doctor or nurse offered to help you to give up smoking (e.g., given you nicotine gum or patches or referral to a Smoking Cessation clinic)?  

**YES**  

**NO**
13 Have you been told by a doctor or nurse to try to do some physical activity (e.g., walking, brisk walking and other forms of exercise)?

   YES ☐
   NO ☐

14 Has a doctor or nurse told you **how much** physical activity (e.g., walking, brisk walking and other forms of exercise) you should do?

   Yes and I know what to do ☐
   Yes but I am unsure what to do ☐
   Yes but I am unable to do it ☐
   No ☐

15 How much physical activity do you do?

   As little as possible ☐
   I make an effort ☐
   I push myself as much as I can ☐

16 What have doctors or nurses told you about your diet or eating? (please tick **all** that apply)

   Eat several small meals per day ☐
   "(e.g., 6 small meals per day instead of 3 large ones)"
   Lose or gain weight ☐
   Eat healthy food ☐
   Nothing ☐
17 Have you any questions or comments about your lung disease? "If so, write them in the space below"

18 Do you live on your own? 
   YES [ ] 
   NO [ ]

19 Sex (delete one)  
   Male  
   Female

20 In which year were you born? 19_ _