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?
   - I will get worse [ ]
   - Now that my disease is being treated, I will probably stay the same [ ]
   - Now that my disease is being treated, I will probably get better [ ]
   - 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 or 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 referral to a Smoking Cessation clinic)

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

YES □

NO □

14 Has a doctor or nurse told you how much physical activity 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?

I push myself as much as I can □

I make an effort □

As little as possible □

16 What have a doctor or nurses told you about your diet or eating? (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 □
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