NAME _________________________

Lung Information Needs Questionnaire

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

2. Has a health professional (e.g. doctor, nurse, respiratory therapist) told you how this disease affects your lungs?  YES  NO

3. Has a health professional (e.g. doctor, nurse, respiratory therapist) told you what is likely to happen in the future?  YES  NO

4. Which of the following statements best describe 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 health professional (e.g. doctor, nurse, respiratory therapist) 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 health professional (e.g. doctor, nurse, respiratory therapist)?  YES  NO

7. Are you satisfied with the information health professionals have given you About your inhalers or medicines?  
   □ I understand everything I need to know
   □ I understand what I have been told, but would like to know more
   □ I am slightly confused about my medications
   □ I am very confused about my medications

8. What sentence best describes what you have been told to do if your breathing gets worse (e.g. use your inhaler more frequently)?  
   □ I have been told what to do and the doctor/nurse/respiratory therapist has given me written instructions
   □ I have been told what to do, but it is not written on paper
   □ I have not been told what to do
   □ I have not been told what to do and I do not know what to do

9. Have you been told when you should call an ambulance if your breathing worsens?  
   □ I have been told what to do and the doctor/nurse/respiratory therapist has given me written instructions
   □ I have been told what to do, but it is not written on paper
   □ I have not been told, but I know what to do
   □ I have not been told and I am uncertain when an ambulance should be called
10. What best describes you?  
   □ Never smoked (go to question 13)  
   □ Used to smoke, but do not smoke now (go to question 13)  
   □ Still smoking (go to question 11)  

11. Has a health professional (e.g. doctor, nurse, respiratory therapist) advised you to give up smoking?  
   YES  
   NO  

12. Has a health professional (e.g. doctor, nurse, respiratory therapist) offered to help you to give up smoking (e.g. given you nicotine gum or patches or referral to a quit smoking program)?  
   YES  
   NO  

13. Has a health professional (e.g. doctor, nurse, respiratory therapist) to try to do some physical activity (e.g. walking, brisk walking and other forms of exercise)?  
   YES  
   NO  

14. Has a health professional (e.g. doctor, nurse, respiratory therapist) 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 can you do?  
   □ I push myself as much as I can  
   □ I make an effort  
   □ As little as possible  

16. Has a health professional (e.g. doctor, nurse, respiratory therapist) told you about your diet or eating?  
   □ 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. Sex:  
   □ Male  
   □ Female  

19. In which year were you born?  
   19___  

Lung Information Needs Questionnaire (American English)