1. Do you know the name of your lung disease?

   YES  
   NO  

2. Has a health professional (e.g., doctor, nurse, physiotherapist) told you how this disease affects your lungs?

   YES  
   NO  

3. Has a health professional (e.g., doctor, nurse, physiotherapist) 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**

   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, physiotherapist) 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, physiotherapist)?

   YES □
   NO □

7 Are you satisfied with the information health professionals 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 ambulancem 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 health professional (e.g., doctor, nurse, physiotherapist) advised you to give up smoking?  

**YES**  
**NO**

12 Has a health professional (e.g., doctor, nurse, physiotherapist) 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 health professional (e.g., doctor, nurse, physiotherapist) 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, physiotherapist) 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?

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

16 What have health professional (e.g., doctor, nurse, physiotherapist) 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 Sex (tick one)  
   Male  
   Female

19 In which year were you born? 19 _ _