

# LINQ

1 Do you know the name of your lung disease?

YES

NO

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2 Has a doctor or nurse told you how this disease affects your lungs?

YES

NO

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3 Has a doctor or nurse told you what is likely to happen in the future?

YES

NO

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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

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

YES

NO

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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

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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

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**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)

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

YES

NO

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**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

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**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

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**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

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**15** How much physical activity do you do?

As little as possible

I make an effort

I push myself as much as I can

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

Nothing

Lose or gain weight

Eat healthy food

Eat several small meals per day  
"(e.g., 6 small meals per day instead of 3 large ones)"

**17** Have you any questions or comments about your lung disease?  
"If so, write them in the space below"

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**18** Do you live on your own?

YES

NO

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**19** Sex (delete one)

Male Female

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**20** In which year were you born?    19 \_\_

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