

missionTMabc

TAKING CONTROL

MISSION ABC:

Modern Innovative Solutions
to Improve Outcomes in Asthma,
Breathlessness and COPD.

Self-completion: Baseline questionnaire

Date and Version No: 14/09/2016 Version 1.0

Self-completion questionnaire

Participant Study Number					Participant Initials				Completion Date	
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Self-completion: Baseline questionnaire

Dear Participant,

Thank you for participating in the MISSION ABC study and agreeing to complete this questionnaire. Your responses will help us to understand more about you and how you cope with your respiratory disease as well as learning more about your experience of taking part in this study.

All information collected will be treated as private and confidential, in accordance with the Data Protection Act.

The questionnaire has four main sections. It should only take you approximately 10 minutes to complete.

Section 1 asks about your self-management coping strategies.

Section 2 is about medical management of your condition.

Section 3 asks you to tell us about daily living with your respiratory disease and what you would like to change.

The final section asks you about taking part in this study.

Once you have completed this questionnaire please return it to the MISSION team as soon as possible.

Thank you for your time.

Self-completion questionnaire

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Section 1: Self management coping strategies

1a. What helps you to cope with your respiratory condition on a daily basis?

(Tick all that apply)

- | | | | |
|-------------------------------------|--------------------------|--|--------------------------|
| Having a positive outlook | <input type="checkbox"/> | Keeping active | <input type="checkbox"/> |
| Close family support | <input type="checkbox"/> | Going out as often as I can | <input type="checkbox"/> |
| Using available health care support | <input type="checkbox"/> | Enjoying hobbies outside of the home | <input type="checkbox"/> |
| Practical help | <input type="checkbox"/> | Keeping in contact with friends/family | <input type="checkbox"/> |
| Psychological help | <input type="checkbox"/> | Seeking religious/spiritual support | <input type="checkbox"/> |

Please tell us about any other ways you find useful to cope with your condition:

Section 2: Medical management of your respiratory condition

2a. Which of the following do you experience when your condition is getting worse?

(For each symptom, choose either: Always, Sometimes or Never)

- | | | | | | | | |
|----------------------------------|---------------------------------|------------------------------------|--------------------------------|---------------------|---------------------------------|------------------------------------|--------------------------------|
| More breathless than usual | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> | Having chills/fever | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| Producing more sputum than usual | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> | Having chest pain | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| Sputum has changed colour | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> | Losing my appetite | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> |
| Feeling more unwell | Always <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Never <input type="checkbox"/> | | | | |

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Section 2: Medical management of your respiratory condition

Please tell us about any other ways you find useful to cope with your condition:

2b. Please indicate whether you would start a rescue pack if you experienced for following symptoms.

(For each symptom choose either: Always, Sometimes or Never)

More breathless than usual

Always Sometimes Never

Producing more sputum than usual

Always Sometimes Never

Sputum has changed colour

Always Sometimes Never

Feeling more unwell

Always Sometimes Never

Having chills/fever

Always Sometimes Never

Having chest pain

Always Sometimes Never

Please tell us about any other symptoms that may make you take your rescue course of treatment:

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Section 2: Medical management of your respiratory condition

2b. Please tick the situations in which you seek support from different health care professionals.

	GP	Respiratory Nurse	Pharmacist	Hospital Accident & Emergency
Obtain a repeat prescription				
To clarify some information about my treatment				
To seek treatment for deterioration				
Obtain emergency care				
Other (please specify)				

Section 3: Living with a respiratory condition

3a. Please circle as many of the words below that you wish to that best describe what it is like living with your respiratory condition.

Part of me	Something I cope with daily	A feeling of hopelessness	Afraid to get angry	I have lots of energy
Frustrating	Distressing	I need regular help	I am confident leaving my home despite my respiratory condition	Not confident dealing with breathing problems
I need family support	I feel a burden to family	I feel out of control	Confident dealing with breathing problems	Anxiety
It causes friction in my family	I need occasional help	Restricting	I feel tired/low in energy	Burden to others
I am embarrassed by coughing or heavy breathing	Frightened when I have difficulty breathing	I feel tired/low in energy	Afraid to exercise	Other: specify

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Thank you very much for taking the time to complete this questionnaire. The information you have provided in this questionnaire will help us to understand more about how you manage your respiratory symptoms before and after taking part in this study.

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