

LINQ

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? **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

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 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

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 patches or referral to a Smoking Cessation clinic)?

YES

NO

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

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

15 How much physical activity do you do?

As little as possible

I make an effort

I push myself as much as I can

16 What have doctors or nurses 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 Do you live on your own?

YES

NO

19 Sex (delete one)

Male Female

20 In which year were you born? 19 __
