

Exacerbation Substudy Daily Symptom Diary

	ID NUMBER:	Place Participant ID labe	el here	
0a) Date of Entry:		/	0b) Staff Co	de:
0c) Start Date of Dail	y Diary: /			
0d) End Date of Daily	Diary:/ [
0e) Date of Exacerba	ition Substudy Follow-	-up Visit: /	/ 🗌 🗀	

<u>Participant Instructions:</u> This diary should be completed daily for the next 56 days (or daily until you return for the Exacerbation substudy follow-up visit). The daily diary takes approximately 5-10 minutes to complete each day. As you answer the 15 questions each day, please select the option that best describes your experience. Return this completed diary to the Study Coordinator at the Exacerbation substudy follow-up visit.

ID NUMBER:	Place Pa	articipant ID label nere			
0f) DAY 1			_		
1) Daily Diary	y Date:				
2) Did your cl	hest fee	l congested today	?		
☐ Not at a	all _o	Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you	cough today?			
☐ Not at a	all _o	☐ Rarely₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus	(phlegm) did you b	oring up when coughin	g today?	
☐ None a	t allo	☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it	to bring up mucus	s (phlegm) today?		
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve ches	t discomfort today	?		
☐ Not at a	all <mark>o</mark>	☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel	I tight today?			
☐ Not at a	all <mark>o</mark>	☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄
8) Were you b	breathle	ss today?			
☐ Not at a	all _o	☐ Slightly¹		☐ Severely ₃	☐ Extremely₄
9) Describe h	ow brea	athless you were to	oday?		
Unawai	re of bre	eathlessness ₀			
☐ Breathle	ess duri	ng strenuous activ	ity <u>1</u>		
☐ Breathle	ess duri	ng slight activity2			
☐ Breathle	ess whe	en washing or dres	sing₃		
☐ Present	t when r	esting ₄			
10) Were you	short o	f breath when perf	orming your usual per	sonal care activities	, like washing or dressing?
☐ Not at a	all _o	Slightly₁		☐ Severely ₃	Extremely ₄
work?		f breath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	ı short o	f breath when perf	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or	weak today?			
☐ Not at a		Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was yo	our sleep disturbed	d?		
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
<u>_</u>			out your lung problem		
☐ Not at a	allo 🗌 S	Slightly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Pa	irticipant ID label here			
0f) DAY 2			_		
1) Daily Diary	y Date:				
2) Did your cl	hest fee	congested today?	?		
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you	cough today?			
☐ Not at a	all _o	☐ Rarely ₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus	(phlegm) did you b	oring up when coughin	g today?	
☐ None a	t allo	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it	to bring up mucus	(phlegm) today?		
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve ches	t discomfort today	?		
☐ Not at a	all _o	☐ Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel	tight today?			
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you b	breathle	ss today?			
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow brea	thless you were to	oday?		
Unawai	re of bre	athlessness ₀			
☐ Breathle	ess duri	ng strenuous activ	ity ₁		
☐ Breathle	ess duri	ng slight activity2			
☐ Breathle	ess whe	n washing or dres	sing₃		
☐ Present	t when r	esting ₄			
10) Were you	short of	f breath when perf	orming your usual pers	sonal care activities	, like washing or dressing?
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of	f breath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of	f breath when perf	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or	weak today?			
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was yo	our sleep disturbed	1 ?		
☐ Not at a	all <mark>o 🗌 S</mark>	Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or wo	orried were you ab	out your lung problem	s today?	
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Pa	articipant ID label nere			
0f) DAY 3			_		
1) Daily Diar	y Date:				
2) Did your c	hest fee	l congested today	?		
☐ Not at a	all _o	Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you	cough today?			
☐ Not at a	all _o	☐ Rarely₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus	(phlegm) did you b	oring up when coughin	g today?	
☐ None a	t allo	☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it	to bring up mucus	s (phlegm) today?		
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve ches	t discomfort today	?		
☐ Not at a	all <mark>o</mark>	☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel	I tight today?			
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you l	breathle	ss today?			
☐ Not at a	all <mark>o</mark>	☐ Slightly¹		☐ Severely ₃	☐ Extremely₄
9) Describe h	ow brea	athless you were to	oday?		
☐ Unawa	re of bre	eathlessness ₀			
☐ Breathle	ess duri	ng strenuous activ	ity ₁		
☐ Breathl	ess duri	ng slight activity2			
☐ Breathle	ess whe	en washing or dres	sing₃		
☐ Presen	t when r	esting ₄			
10) Were you	short o	f breath when perf	orming your usual pers	sonal care activities	, like washing or dressing?
☐ Not at a	all _o	☐ Slightly¹		☐ Severely ₃	Extremely ₄
11) Were you work?	ı short o	f breath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short o	f breath when perf	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or	weak today?			
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was yo	our sleep disturbed	d?		
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or wo	orried were you ab	out your lung problem	s today?	
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Pa	rticipant ID label here			
0f) DAY 4			_		
1) Daily Diary	y Date:				
2) Did your cl	hest feel	congested today?	?		
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you d	cough today?			
☐ Not at a	allo	☐ Rarely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t allo	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it	to bring up mucus	s (phlegm) today?		
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest	discomfort today	?		
☐ Not at a	allo	☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel	tight today?			
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you b	oreathles	ss today?			
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
9) Describe h	ow breat	thless you were to	oday?		
Unawar	re of brea	athlessness ₀			
☐ Breathle	ess durir	ng strenuous activ	ity ₁		
☐ Breathle	ess durir	ng slight activity2			
☐ Breathle	ess whe	n washing or dres	sing₃		
☐ Present	t when re	esting ₄			
10) Were you	short of	breath when perfe	orming your usual pers	sonal care activities	, like washing or dressing?
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of	breath when perfe	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a		lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	tired or	weak today?			
☐ Not at a		lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was yo	ur sleep disturbed	1 ?		
☐ Not at a		lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or wo	rried were you ab	out your lung problem	s today?	
☐ Not at a	ıll _o 🗌 S	lightly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Parti	cipant ID label here			
0f) DAY 5			-		
1) Daily Diary	y Date:				
2) Did your cl	hest feel c	ongested today?)		
☐ Not at a	allo [☐ Slightly₁		☐ Severely₃	☐ Extremely₄
3) How often	did you co	ough today?			
☐ Not at a		☐ Rarely₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (p	hlegm) did you b	oring up when coughin	g today?	
☐ None a	t all _o	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to	bring up mucus	(phlegm) today?		
☐ Not at a	allo [☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest o	liscomfort today?	?		
☐ Not at a		☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel ti	ght today?			
☐ Not at a		☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you b	oreathless	today?			
☐ Not at a		☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breath	less you were to	day?		
☐ Unawaı	re of breat	hlessnesso			
☐ Breathle	ess during	strenuous activi	ity ₁		
☐ Breathle	ess during	slight activity2			
☐ Breathle	ess when	washing or dress	sing ₃		
☐ Present	t when res	sting ₄			
10) Were you	short of b	reath when perfo	orming your usual pers	sonal care activities	, like washing or dressing?
☐ Not at a		☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	Extremely ₄
work?		reath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a		☐ Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of b	reath when perfo	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a	ıll _o 🗌 Sli	ghtly₁ ☐ Modei	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	tired or w	eak today?			
☐ Not at a	ıll _o 🗌 Sli	ghtly₁ ☐ Modei	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was you	r sleep disturbed	l?		
☐ Not at a	ıll _o 🗌 Sli	ghtly ₁ Mode	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
15) How scar	ed or worr	ied were you ab	out your lung problems	s today?	
☐ Not at a	ıllo 🗌 Sli	ghtly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Participan	it ID label here			
0f) DAY 6					
1) Daily Diar	y Date: [/]/		
2) Did your cl	hest feel cong	ested today?			
☐ Not at a	allo 🔲 SI	ightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough	today?			
☐ Not at a	allo 🔲 R	arely ₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phleg	m) did you brir	ng up when coughing	g today?	
☐ None a	t all₀ □ A	little ₁] Some ₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to brir	ng up mucus (p	ohlegm) today?		
☐ Not at a	allo 🔲 SI	ightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest disco	mfort today?			
☐ Not at a	allo 🔲 SI	ight ₁] Moderate ₂	☐ Severe₃	☐ Extreme₄
7) Did your ch	nest feel tight t	oday?			
☐ Not at a	allo 🔲 SI	ightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
8) Were you b	oreathless toda	ay?			
☐ Not at a	allo 🔲 SI	ightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless	you were toda	ay?		
Unawai	re of breathles	sness ₀			
☐ Breathle	ess during stre	enuous activity	1		
☐ Breathle	ess during slig	ht activity2			
☐ Breathle	ess when was	hing or dressir	ng ₃		
☐ Present	t when resting	4			
10) Were you	short of breat	h when perfori	ming your usual pers	sonal care activitie	s, like washing or dressing?
☐ Not at a	allo 🔲 SI	ightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
11) Were you work?	short of breat	h today when	performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	allo 🔲 SI	ightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breat	h when perfori	ming your usual activ	vities outside of the	e house, such as yard work or
☐ Not at a	III ₀ Slightly	/₁ ☐ Moderat	tely ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	tired or weak	today?			
☐ Not at a	III ₀ Slightly	/₁ ☐ Moderat	tely ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was your sle	ep disturbed?			
☐ Not at a	III₀ ☐ Slightly	/₁ ☐ Moderat	tely ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
15) How scar	ed or worried	were you abou	it your lung problems	s today?	_
☐ Not at a	III ₀ Slightly	/₁ ☐ Moderat	tely ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅

ID NUMBER:	Place Pa	rticipant ID label here			
0f) DAY 7			_		
1) Daily Diary	y Date:				
2) Did your cl	hest feel	congested today?	?		
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you d	cough today?			
☐ Not at a	allo	☐ Rarely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t all ₀	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it	to bring up mucus	s (phlegm) today?		
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest	discomfort today	?		
☐ Not at a	allo	☐ Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel	tight today?			
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you b	oreathles	ss today?			
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
9) Describe h	ow breat	thless you were to	oday?		
Unawar	re of brea	athlessness ₀			
☐ Breathle	ess durir	ng strenuous activ	ity ₁		
☐ Breathle	ess durir	ng slight activity2			
☐ Breathle	ess whe	n washing or dres	sing₃		
☐ Present	t when re	esting ₄			
10) Were you	short of	breath when perf	orming your usual pers	sonal care activities	, like washing or dressing?
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of	breath when perf	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a		lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	tired or	weak today?			
☐ Not at a		lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was yo	ur sleep disturbed	1 ?		
☐ Not at a		lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or wo	rried were you ab	out your lung problem	s today?	
☐ Not at a	ıll _o 🗌 S	lightly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Participant ID label here			
0f) DAY 8		_		
1) Daily Diar	y Date: / /			
2) Did your c	hest feel congested today?	?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	A great deals	A very great deal4
5) How difficu	ılt was it to bring up mucus	(phlegm) today?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort today	?		
☐ Not at a	allo Slight ₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
7) Did your cl	nest feel tight today?			
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you l	oreathless today?			
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were to	oday?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	ity ₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	sing₃		
☐ Presen	t when resting4			
10) Were you	short of breath when perf	orming your usual per	sonal care activiti	es, like washing or dressing?
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today whe	n performing your usu	al indoor activitie	s, like cleaning or household
☐ Not at a	allo Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when perf	orming your usual acti	vities outside of t	he house, such as yard work or
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
13) Were you	tired or weak today?			
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
14) Last nigh	t, was your sleep disturbed	! ?		
		•		☐ Too breathless to do these₅
·	ed or worried were you ab			
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅

	Place Participant ID label here			
ID NUMBER:				
0f) DAY 9				
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today	?		
☐ Not at a	_ ,	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	bring up when coughin	g today?	
☐ None a	t all ₀	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to bring up mucu	s (phlegm) today?		
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ive chest discomfort today	?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
7) Did your cl	hest feel tight today?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you	breathless today?			
☐ Not at a	all₀ ☐ Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were t	oday?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	vity ₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	ssing₃		
☐ Presen	t when resting4			
10) Were you	ı short of breath when per	forming your usual per	sonal care activities	s, like washing or dressing?
☐ Not at a	all₀ ☐ Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
11) Were you work?	short of breath today who	en performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of breath when per	forming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or weak today?			
☐ Not at a	all ₀	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last nigh	t, was your sleep disturbe	d?		
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or worried were you al	oout your lung problem	s today?	
☐ Not at a	all ₀ Slightly ₁ Mode	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Participant ID label here			
0f) DAY 10)			
1) Daily Diar	/ Date: / /			
2) Did your c	nest feel congested today?	?		
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	allo Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t all ₀	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	It was it to bring up mucus	(phlegm) today?		
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort today	?		
☐ Not at a	allo Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your ch	nest feel tight today?			
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you l	oreathless today?			
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were to	day?		
Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	ity <u>ı</u>		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	sing ₃		
Presen	t when resting4			
10) Were you	short of breath when perf	orming your usual per	sonal care activitie	es, like washing or dressing?
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today whe	n performing your usu	al indoor activities	, like cleaning or household
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when perf	orming your usual acti	vities outside of th	e house, such as yard work or
☐ Not at a	II₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	☐ Too breathless to do these ₅
13) Were you	tired or weak today?			
☐ Not at a	II₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	☐ Too breathless to do these₅
14) Last night	, was your sleep disturbed	! ?		
☐ Not at a	II₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	☐ Too breathless to do these₅
15) How scar	ed or worried were you ab	out your lung problem	s today?	
☐ Not at a	II₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	☐ Too breathless to do these ₅

ID NUMBER:	Place Participant ID label here			
0f) DAY 1	1	_		
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today?	?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	A great deals	A very great deal4
5) How difficu	ılt was it to bring up mucus	(phlegm) today?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	□ Extremely ₄
6) Did you ha	ve chest discomfort today	?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your cl	nest feel tight today?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you l	breathless today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were to	oday?		
Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	ity ₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	sing₃		
☐ Presen	t when resting4			
10) Were you	short of breath when perfe	orming your usual per	sonal care activiti	es, like washing or dressing?
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today whe	n performing your usu	al indoor activitie	s, like cleaning or household
☐ Not at a	allo Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when perfo	orming your usual act	ivities outside of t	he house, such as yard work or
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
13) Were you	tired or weak today?			
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
14) Last nigh	t, was your sleep disturbed	1 ?		
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
·	red or worried were you ab			
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these ₅

ID NUMBER:	Place Participan	t ID label here						
0f) DAY 12	2		_					
1) Daily Diary	y Date: [/[/ [
2) Did your cl	hest feel cong	ested today?)					
☐ Not at a	allo 🔲 SI	ightly <u>1</u>		y ₂	☐ Severely₃		☐ Extremely₄	
3) How often	did you cough	today?						
☐ Not at a	allo 🔲 Ra	arely ₁	☐ Occasiona	ally2	☐ Frequently ₃		Almost constar	ntly4
4) How much	mucus (phleg	m) did you b	ring up when	coughin	g today?			
☐ None a	t all ₀	little ₁	☐ Some₂		☐ A great dea	ı l 3	☐ A very great de	al ₄
5) How difficu	ılt was it to brir	ng up mucus	(phlegm) toda	ay?				
☐ Not at a	allo 🔲 SI	ightly <u>1</u>		y ₂	☐ Quite a bit₃		☐ Extremely₄	
6) Did you ha	ve chest disco	mfort today?						
☐ Not at a	allo 🔲 SI	ight ₁			☐ Severe₃		Extreme ₄	
7) Did your ch	nest feel tight t	oday?						
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		y ₂	☐ Severely₃		☐ Extremely₄	
8) Were you b	oreathless toda	ay?						
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		y ₂	☐ Severely₃		☐ Extremely₄	
9) Describe h	ow breathless	you were to	day?					
Unawai	re of breathles	sness ₀						
☐ Breathle	ess during stre	enuous activi	tyı					
☐ Breathle	ess during slig	ht activity ₂						
☐ Breathle	ess when was	hing or dress	sing ₃					
☐ Present	t when resting	4						
10) Were you	short of breat	h when perfo	orming your us	sual pers	sonal care activi	ities, l	ike washing or dr	essing?
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		y ₂	☐ Severely ₃		☐ Extremely₄	
11) Were you work?	short of breat	h today whe	n performing y	our usu	al indoor activiti	es, lik	e cleaning or hou	ısehold
☐ Not at a	allo 🗌 SI	ightly <u>1</u>	☐ Moderatel	y ₂	☐ Severely₃		☐ Extremely₄	
12) Were you errands?	short of breat	h when perfo	orming your us	sual acti	vities outside of	the h	ouse, such as ya	rd work or
☐ Not at a	ll₀ ☐ Slightly	√1 ☐ Moder	rately ₂ Se	verely ₃	☐ Extremely₄	T	oo breathless to	do these ₅
•	tired or weak	•						
☐ Not at a	ll₀ ☐ Slightly	√1 ☐ Moder	rately ₂	verely ₃	☐ Extremely₄	T	oo breathless to	do these ₅
14) Last night	t, was your sle	ep disturbed	?					
			•	-		T	oo breathless to	do these ₅
<u></u>	ed or worried v					_		
☐ Not at a	ll₀ ☐ Slightly	√1 ☐ Moder	rately ₂	verely ₃	☐ Extremely₄	T	oo breathless to	do these ₅

ID NUMBER:	Place Participant	ID label here			
0f) DAY 13	3				
1) Daily Diary	y Date:	/	/ 🗌 🗎 🗀		
2) Did your cl	hest feel conge	ested today?			
☐ Not at a	allo Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough	today?			
☐ Not at a	allo 🔲 Ra	rely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegr	n) did you bring	up when coughir	g today?	
☐ None a	t all₀ □ A I	ittle ₁	Some ₂	☐ A great deal	
5) How difficu	It was it to brin	g up mucus (ph	legm) today?		
☐ Not at a	allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Quite a bit₃	□ Extremely ₄
6) Did you ha	ve chest discor	mfort today?			
☐ Not at a	allo 🔲 Sli	ght ₁	Moderate ₂	☐ Severe ₃	Extreme ₄
7) Did your ch	nest feel tight to	oday?			
☐ Not at a	allo Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
8) Were you b	oreathless toda	y?			
☐ Not at a	allo Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless	you were today	?		
Unawai	re of breathless	sness ₀			
☐ Breathle	ess during stre	nuous activity ₁			
☐ Breathle	ess during sligh	nt activity ₂			
☐ Breathle	ess when wash	ning or dressing	3		
☐ Present	t when resting4				
10) Were you	short of breath	n when perform	ing your usual per	sonal care activit	ies, like washing or dressing?
☐ Not at a	allo Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
11) Were you work?	short of breath	n today when pe	erforming your usu	al indoor activitie	es, like cleaning or household
☐ Not at a	allo Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath	n when perform	ing your usual act	ivities outside of t	the house, such as yard work or
☐ Not at a	III ₀ Slightly	□ Moderate	ly ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these ₅
13) Were you	tired or weak t	today?			
☐ Not at a	III ₀ Slightly	□ Moderate	ly ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
14) Last night	t, was your slee	ep disturbed?			
☐ Not at a	III ₀ Slightly	□ Moderate	ly ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these ₅
15) How scar	ed or worried w	vere you about	your lung problem	s today?	
☐ Not at a	III ₀ Slightly	Moderate	ly₂ ☐ Severely₃	☐ Extremely₄	☐ Too breathless to do these ₅

ID NUMBER:	Place Participant ID label her	re		
0f) DAY 1	4			
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested toda	y?		
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	ı bring up when cough	ning today?	
☐ None a	t all ₀	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to bring up muc	us (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort toda	y?		
☐ Not at a	all ₀	☐ Moderate₂	☐ Severe₃	Extreme ₄
7) Did your cl	nest feel tight today?			
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you	breathless today?			
☐ Not at a	allo Slightly ₁		☐ Severely ₃	☐ Extremely₄
9) Describe h	ow breathless you were	today?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous act	ivity <u>ı</u>		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dre	essing ₃		
Presen	t when resting4			
10) Were you	short of breath when pe	rforming your usual p	ersonal care activitie	s, like washing or dressing?
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
11) Were you work?	short of breath today wh	nen performing your u	sual indoor activities	, like cleaning or household
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
12) Were you errands?	ı short of breath when pe	rforming your usual a	ctivities outside of th	e house, such as yard work or
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	lerately ₂	√3 ☐ Extremely₄ ☐	☐ Too breathless to do these ₅
13) Were you	ı tired or weak today?			
☐ Not at a	all ₀	lerately ₂	23 Extremely ₄	☐ Too breathless to do these ₅
14) Last nigh	t, was your sleep disturb	ed?		
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	lerately ₂	23 Extremely ₄	☐ Too breathless to do these ₅
·	red or worried were you a			_
☐ Not at a	all ₀	lerately ₂	√3 ☐ Extremely₄ ☐	☐ Too breathless to do these₅

Place Pa	rticipant ID label here			
5				
y Date:				
hest feel	congested today?	?		
allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you	cough today?			
all _o	☐ Rarely ₁	☐ Occasionally₂	☐ Frequently ₃	Almost constantly ₄
n mucus (phlegm) did you b	oring up when coughin	g today?	
at allo	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it	to bring up mucus	(phlegm) today?		
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	Extremely ₄
ave chest	discomfort today	?		
all _o	☐ Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel	tight today?			
all _o	☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
breathles	s today?			
allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
now breat	hless you were to	day?		
re of brea	athlessness ₀			
less durir	ng strenuous activ	ity ₁		
less durir	ng slight activity2			
less whei	n washing or dres	sing₃		
it when re	esting ₄			
u short of	breath when perfe	orming your usual pers	sonal care activities	s, like washing or dressing?
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
u short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
allo	☐ Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
u short of	breath when perfe	orming your usual acti	vities outside of the	e house, such as yard work or
all _o	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
u tired or	weak today?			
all _o	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
it, was yo	ur sleep disturbed	! ?		
all _o S	lightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
red or wo	rried were you ab	out your lung problem	s today?	
all _o S	lightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	y Date: [hest feel allo did you de allo did you chest feel allo did you breathles allo did you be allo	hest feel congested today? allo Slightly1 did you cough today? allo Rarely1 mucus (phlegm) did you be to allo Slightly1 ave chest discomfort today? allo Slightly1 breathless during strenuous actives during slight activity2 ess when washing or dress to the short of breath when perfeallo Slightly1 a short of breath when perfeallo Slightly1 a short of breath today when to allo Slightly1 a short of breath when perfeallo Slightly1 a short of breath when perfeallo Slightly1 a short of breath when perfeallo Slightly1 Mode at tired or weak today? allo Slightly1 Mode at tired or worried were you ab	by Date:	best feel congested today? allo

ID NUMBER:	Place Participan	t ID label here				
0f) DAY 16	6		I			
1) Daily Diary	y Date:					
2) Did your cl	hest feel conge	ested today?				
☐ Not at a	allo 🗌 Sli	ightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄	
3) How often	did you cough	today?				
☐ Not at a	allo 🔲 Ra	arely <u>1</u>	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄	
4) How much	mucus (phleg	m) did you b	ring up when cough	ning today?		
☐ None a	t all ₀	little ₁	☐ Some₂	A great deal	3 A very great deal4	
5) How difficu	ılt was it to brin	g up mucus	(phlegm) today?			
☐ Not at a	allo 🔲 Sli	ightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄	
6) Did you ha	ve chest disco	mfort today?				
☐ Not at a	allo 🗌 Sli	ight ₁ [Moderate ₂	☐ Severe₃	☐ Extreme₄	
7) Did your ch	nest feel tight to	oday?				
☐ Not at a	allo 🗌 Sli	ightly ₁	☐ Moderately₂	☐ Severely₃	□ Extremely ₄	
8) Were you b	oreathless toda	ay?				
☐ Not at a	allo 🗌 Sli	ightly ₁		☐ Severely₃	☐ Extremely₄	
9) Describe h	ow breathless	you were too	day?			
Unawai	re of breathles	sness ₀				
☐ Breathle	ess during stre	nuous activit	tyı			
☐ Breathle	ess during slig	ht activity ₂				
☐ Breathle	ess when wasl	ning or dress	sing ₃			
☐ Present	t when resting	1				
10) Were you		•			ties, like washing or dressing?	?
☐ Not at a	_	0 ,	☐ Moderately₂	☐ Severely₃	☐ Extremely₄	
work?		•	_	_	es, like cleaning or household	l
☐ Not at a		• •	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄	
12) Were you errands?	short of breat	h when perfo	orming your usual a	ctivities outside of t	the house, such as yard work	or
☐ Not at a	ıll _o	¹ ☐ Moder	ately ₂ Severely	23 Extremely ₄	Too breathless to do thes	:e ₅
	tired or weak		_	_	_	
				√₃	Too breathless to do thes	:e ₅
	t, was your sle	·				
					Too breathless to do thes	€ <u>5</u>
<u></u>			out your lung proble			
	III₀ ∐ Slightly	₁ ∐ Moder	ately ₂	√ ₃	Too breathless to do thes	Ю ₅

Place Parti	cipant ID label here			
7		J		
y Date:				
hest feel c	ongested today?	•		
allo [☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you co	ough today?			
allo [☐ Rarely₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (pl	hlegm) did you b	oring up when coughin	g today?	
ıt allo	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	bring up mucus	(phlegm) today?		
allo [☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve chest d	liscomfort today?	?		
allo [☐ Slight₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
hest feel ti	ght today?			
allo [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
breathless	today?			
allo [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
ow breath	less you were to	day?		
re of breat	hlessnesso			
ess during	strenuous activi	ity ₁		
ess during	slight activity ₂			
ess when	washing or dress	sing ₃		
t when res	ting ₄			
short of b	reath when perfo	orming your usual pers	sonal care activities	s, like washing or dressing?
allo [☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of b	reath today whe	n performing your usu	al indoor activities,	, like cleaning or household
all _o	☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
ı short of b	reath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all <mark>o 🗌 Sli</mark> g	ghtly₁ ☐ Modei	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or w	eak today?			
all <mark>o 🗌 Sli</mark> g	ghtly₁ ☐ Modei	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was you	r sleep disturbed	! ?		
allo 🗌 Slig	ghtly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ed or worr	ied were you ab	out your lung problem	s today?	
allo 🗌 Sliq	ghtly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: hest feel callo	hest feel congested today? allo	y Date:	y Date:

ID NUMBER:	Place Participan	t ID label here				
0f) DAY 18	3		_			
1) Daily Diary	y Date: [/ [
2) Did your cl	hest feel conge	ested today?				
☐ Not at a	allo 🔲 SI	ightly ₁		☐ Severely₃	☐ Extremely₄	
3) How often	did you cough	today?				
☐ Not at a	allo 🗌 Ra	arely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄	
4) How much	mucus (phleg	m) did you b	ring up when cou	ghing today?		
☐ None a	t all ₀	little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄	
5) How difficu	ılt was it to brir	ng up mucus	(phlegm) today?			
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		☐ Quite a bit₃	□ Extremely ₄	
6) Did you ha	ve chest disco	mfort today?				
☐ Not at a	allo 🗌 SI	ight <u>1</u>	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄	
7) Did your ch	nest feel tight t	oday?				
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		☐ Severely ₃	☐ Extremely₄	
8) Were you b	oreathless toda	ay?				
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		☐ Severely ₃	☐ Extremely₄	
9) Describe h	ow breathless	you were to	day?			
☐ Unawai	re of breathles	sness ₀				
☐ Breathle	ess during stre	enuous activi	ty ₁			
☐ Breathle	ess during slig	ht activity2				
☐ Breathle	ess when was	hing or dress	sing ₃			
☐ Present	t when resting	4				
10) Were you	short of breat	h when perfo	orming your usual	personal care activiti	es, like washing or dressing	?
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		☐ Severely ₃	☐ Extremely₄	
11) Were you work?	short of breat	h today whe	n performing your	usual indoor activitie	s, like cleaning or household	k
☐ Not at a	allo 🗌 SI	ightly <u>1</u>		☐ Severely₃	☐ Extremely₄	
12) Were you errands?	short of breat	h when perfo	orming your usual	activities outside of the	he house, such as yard worl	∢ or
☐ Not at a	ıll _o 🗌 Slightly	′¹ ☐ Moder	ately ₂ Severe	ely ₃	Too breathless to do the	3e ₅
13) Were you	tired or weak	today?				
☐ Not at a	ıll _o 🗌 Slightly	√1 ☐ Moder	ately ₂ Severe	ely ₃	Too breathless to do the	3e ₅
14) Last night	t, was your sle	ep disturbed	?			
☐ Not at a	ıll _o 🗌 Slightly	√1 ☐ Moder	ately ₂ Severe	ely ₃ Extremely ₄ [Too breathless to do the	3e ₅
15) How scar	ed or worried v	were you abo	out your lung prob	olems today?		
☐ Not at a	ıll _o	∕¹ ☐ Moder	ately ₂ Severe	ely ₃ Extremely ₄ [Too breathless to do the	30 <mark>5</mark>

Place Partic	ipant ID label here			
9				
y Date:				
hest feel co	ngested today?	>		
allo _] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you cou	ugh today?			
allo [] Rarely ₁	☐ Occasionally₂	☐ Frequently₃	Almost constantly ₄
mucus (ph	legm) did you b	oring up when coughin	g today?	
t all ₀] A little ₁	Some ₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	bring up mucus	(phlegm) today?		
allo [] Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ive chest di	scomfort today?	?		
allo 🗀] Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
hest feel tig	ht today?			
allo _] Slightly ₁		☐ Severely ₃	☐ Extremely₄
breathless t	today?			
allo] Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breathle	ess you were to	day?		
re of breath	lessness ₀			
ess during	strenuous activi	ity ₁		
ess during	slight activity2			
ess when w	ashing or dress	sing ₃		
t when rest	ing ₄			
short of br	eath when perfo	orming your usual pers	sonal care activitie	s, like washing or dressing?
allo] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of br	eath today whe	n performing your usu	al indoor activities,	, like cleaning or household
all _o] Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of br	eath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
allo 🗌 Slig	htly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or we	eak today?			
allo 🗌 Slig	htly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your	sleep disturbed	! ?		
all₀ ☐ Slig	htly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or worrie	ed were you ab	out your lung problem	s today?	
all ₀	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date:	hest feel congested today? allo	y Date:	y Date:

	Place Particin	ant ID label here	7		
ID NUMBER:	riace randcipe	ant id laber here			
0f) DAY 2	0				
1) Daily Diar	y Date:				
2) Did your c	hest feel con	gested today?			
☐ Not at a	allo 🔲 S	Slightly1		☐ Severely₃	☐ Extremely₄
3) How often	did you coug	h today?			
☐ Not at a	allo 🔲 F	Rarelyı	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phle	gm) did you b	ring up when coughin	g today?	
☐ None a	ıt all ₀	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to br	ring up mucus	(phlegm) today?		
☐ Not at a	allo 🔲 S	Slightly1		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ive chest disc	comfort today?			
☐ Not at a	allo 🔲 S	Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your cl	hest feel tight	today?			
☐ Not at a	allo 🔲 S	Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you	breathless to	day?			
☐ Not at a	allo 🔲 S	Slightly1		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathles	s you were to	day?		
☐ Unawa	re of breathle	essness ₀			
☐ Breathl	ess during st	renuous activi	ty ₁		
☐ Breathl	ess during sl	ight activity2			
☐ Breathl	ess when wa	shing or dress	sing ₃		
☐ Presen	t when restin	9 4			
10) Were you	short of brea	ath when perfo	orming your usual pers	sonal care activities	, like washing or dressing?
☐ Not at a	allo 🔲 S	Slightly1		☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of brea	ath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	allo 🔲 S	Slightly ₁		☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of brea	ath when perfo	orming your usual acti	vities outside of the	house, such as yard work or
☐ Not at a	allo 🗌 Slight	dy₁ ☐ Moder	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or wea	k today?			
☐ Not at a	allo 🗌 Slight	:ly₁ ☐ Moder	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last nigh	t, was your sl	leep disturbed	?		
☐ Not at a	all _o 🗌 Slight	ily₁ ☐ Moder	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or worried	d were you abo	out your lung problem	s today?	
☐ Not at a	all ₀	ily₁ ☐ Moder	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Participan	t ID label here						
0f) DAY 2	1							
1) Daily Diar	y Date: [/ [
2) Did your c	hest feel conge	ested today?						
☐ Not at a	allo 🔲 SI	ightly ₁		2	☐ Severely₃] Extremely ₄	
3) How often	did you cough	today?						
☐ Not at a	allo 🔲 Ra	arely <u>ı</u>	Occasional	ly <mark>2</mark>	☐ Frequently ₃] Almost consta	ntly ₄
4) How much	mucus (phleg	m) did you bı	ing up when c	oughin	g today?			
☐ None a	t all ₀	little ₁	☐ Some₂		☐ A great dea	ıl ₃	A very great d	eal ₄
5) How difficu	ılt was it to brir	ng up mucus	(phlegm) today	y?				
☐ Not at a	allo 🔲 SI	ightly ₁		2	☐ Quite a bit₃] Extremely ₄	
6) Did you ha	ve chest disco	mfort today?						
☐ Not at a	allo 🗌 SI	ight ₁ [Moderate ₂		☐ Severe₃		Extreme ₄	
7) Did your ch	nest feel tight t	oday?						
☐ Not at a	allo 🔲 SI	ightly ₁	Moderately	2	☐ Severely ₃] Extremely ₄	
8) Were you l	oreathless toda	ay?						
☐ Not at a	allo 🗌 SI	ightly ₁	Moderately	2	☐ Severely ₃] Extremely ₄	
9) Describe h	ow breathless	you were too	day?					
Unawa	re of breathles	sness ₀						
☐ Breathl	ess during stre	enuous activit						
☐ Breathl	ess during slig	ht activity2						
☐ Breathle	ess when wasl	hing or dress	ing₃					
☐ Presen	t when resting	1						
10) Were you	short of breat	h when perfo	rming your us	ual pers	sonal care activi	ities, lik	ke washing or d	ressing?
☐ Not at a	allo 🗌 SI	ightly ₁	Moderately	2	☐ Severely ₃] Extremely ₄	
11) Were you work?	short of breat	h today wher	n performing yo	our usu	al indoor activiti	es, like	e cleaning or ho	usehold
☐ Not at a	allo 🗌 SI	ightly ₁	Moderately	2	☐ Severely ₃] Extremely ₄	
12) Were you errands?	short of breat	h when perfo	rming your us	ual activ	vities outside of	the ho	ouse, such as ya	ard work or
☐ Not at a	ıll _o 🗌 Slightly	✓ Modera	ately ₂	erely ₃	☐ Extremely₄	□ Тс	oo breathless to	do these ₅
13) Were you	tired or weak	today?						
☐ Not at a	ıll _o	'₁ ☐ Modera	ately ₂	erely ₃	☐ Extremely₄	□ To	oo breathless to	do these ₅
14) Last night	t, was your sle	ep disturbed	?					
☐ Not at a	ıll _o 🗌 Slightly	✓ Modera	ately₂ ☐ Sev	erely ₃	☐ Extremely₄	□Тс	oo breathless to	do these ₅
15) How scar	ed or worried v	were you abo	out your lung p	roblems	s today?			
☐ Not at a	ıll _o	'₁ ☐ Modera	ately ₂	erely ₃	☐ Extremely₄	□ To	oo breathless to	do these ₅

ID NUMBER:	Place Participant ID Iai	pel here			
0f) DAY 22	2				
1) Daily Diary	/ Date: /	'			
2) Did your cl	nest feel congested	today?			
☐ Not at a	ıll ₀ 🔲 Slightly	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄	
3) How often	did you cough toda	y?			
☐ Not at a	ıll ₀ Rarely ₁	☐ Occasionally	y ₂ Frequently ₃	☐ Almost constantly₄	
4) How much	mucus (phlegm) di	d you bring up when co	oughing today?		
☐ None a	t all ₀	☐ Some₂	A great dea	al ₃ A very great deal ₄	
5) How difficu	It was it to bring up	mucus (phlegm) today	?		
☐ Not at a	ıllo 🔲 Slightly		☐ Quite a bit₃	☐ Extremely₄	
6) Did you ha	ve chest discomfort	today?			
☐ Not at a	ıll₀ ☐ Slight₁		☐ Severe₃	☐ Extreme₄	
7) Did your ch	nest feel tight today	?			
☐ Not at a	ıllo 🔲 Slightly		☐ Severely₃	□ Extremely ₄	
8) Were you b	oreathless today?				
☐ Not at a	ıll₀ ☐ Slightly		☐ Severely ₃	☐ Extremely₄	
9) Describe h	ow breathless you	were today?			
Unawar	e of breathlessness	S 0			
☐ Breathle	ess during strenuou	s activity ₁			
☐ Breathle	ess during slight ac	tivity ₂			
☐ Breathle	ess when washing o	or dressing ₃			
☐ Present	when resting4				
10) Were you	short of breath who	en performing your usu	al personal care activ	ities, like washing or dressir	ng?
☐ Not at a	ıll₀ ☐ Slightly	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄	
11) Were you work?	short of breath tod	ay when performing yo	ur usual indoor activit	ies, like cleaning or househo	old
☐ Not at a	ıllo 🗌 Slightly		☐ Severely₃	☐ Extremely₄	
12) Were you errands?	short of breath who	en performing your usu	ial activities outside of	the house, such as yard wo	ork oi
☐ Not at a	II₀ ☐ Slightly₁ ☐	Moderately ₂ Seve	erely ₃ Extremely ₄	☐ Too breathless to do th	ese ₅
13) Were you	tired or weak today	/?			
☐ Not at a	II₀ ☐ Slightly₁ ☐	Moderately ₂	erely ₃ Extremely ₄	☐ Too breathless to do th	ese ₅
14) Last night	, was your sleep di	sturbed?			
☐ Not at a	II ₀ Slightly ₁	Moderately ₂ Seve	erely ₃ Extremely ₄	☐ Too breathless to do th	ese ₅
15) How scar	ed or worried were	you about your lung pr	oblems today?		
☐ Not at a	II ₀ Slightly ₁	Moderately₂ ☐ Seve	erely ₃ Extremely ₄	☐ Too breathless to do th	ese ₅

ID NUMBER:	Place Parti	icipant ID label here			
0f) DAY 2:	3		_		
1) Daily Diar	y Date:				
2) Did your c	hest feel c	congested today?	?		
☐ Not at a	all _o [☐ Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you co	ough today?			
☐ Not at a	allo [☐ Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (p	hlegm) did you b	oring up when coughin	g today?	
☐ None a	ıt all ₀ [A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to	bring up mucus	(phlegm) today?		
☐ Not at a	all _o [☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	□ Extremely ₄
6) Did you ha	ve chest o	discomfort today?	?		
☐ Not at a	all _o [☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	hest feel ti	ght today?			
☐ Not at a	allo [☐ Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you l	breathless	today?			
☐ Not at a	allo [☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
9) Describe h	ow breath	less you were to	day?		
Unawai	re of breat	thlessnesso			
☐ Breathle	ess during	g strenuous activi	ity <u>ı</u>		
☐ Breathle	ess during	g slight activity2			
☐ Breathl	ess when	washing or dress	sing ₃		
☐ Presen	t when res	sting ₄			
10) Were you	short of b	oreath when perfo	orming your usual per	sonal care activiti	es, like washing or dressing?
☐ Not at a	all _o [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
11) Were you work?	short of b	oreath today whe	n performing your usu	al indoor activitie	s, like cleaning or household
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of b	oreath when perfo	orming your usual acti	vities outside of the	he house, such as yard work or
☐ Not at a	all _o 🗌 Sli	ghtly ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
13) Were you	ı tired or w	eak today?			
☐ Not at a	all _o	ghtly ₁	rately ₂ Severely ₃	Extremely ₄	☐ Too breathless to do these₅
14) Last night	t, was you	r sleep disturbed	! ?		
☐ Not at a	all <mark>o 🗌 Sli</mark>	ghtly ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
15) How scar	ed or wor	ried were you ab	out your lung problem	s today?	
☐ Not at a	all _o	ghtly₁ ☐ Modei	rately ₂ Severely ₃	☐ Extremely₄ [☐ Too breathless to do these₅

Place Partic	apant ID label here			
4		J		
y Date:				
hest feel co	ongested today?			
all _o] Slightly ₁		☐ Severely ₃	☐ Extremely₄
did you co	ugh today?			
all ₀] Rarely₁	☐ Occasionally₂	☐ Frequently₃	Almost constantly4
mucus (ph	nlegm) did you b	oring up when coughin	g today?	
ıt all₀ □] A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	bring up mucus	(phlegm) today?		
all ₀] Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ave chest di	scomfort today?	?		
all _o] Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
hest feel tig	ht today?			
all _o] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
breathless	today?			
all _o] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
now breathle	ess you were to	day?		
re of breath	nlessnesso			
less during	strenuous activi	ity ₁		
less during	slight activity ₂			
less when v	vashing or dress	sing₃		
t when rest	ing ₄			
ı short of bı	eath when perfo	orming your usual per	sonal care activitie	s, like washing or dressing?
all _o] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of bı	eath today whe	n performing your usu	al indoor activities	, like cleaning or household
all _o] Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
ı short of bı	eath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
allo 🗌 Slig	ıhtly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or we	eak today?			
allo 🗌 Slig	ıhtly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your	sleep disturbed	! ?		
allo 🗌 Slig	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
red or worri	ed were you ab	out your lung problem	s today?	
allo Slig	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: chest feel coallo did you chest feel tigallo did you chest during less during less during less when you the when rest is short of broadlo did you chest feel or ward allo did you chest feel tigallo did you chest fee	thest feel congested today? allo Slightly1 did you cough today? allo Rarely1 amucus (phlegm) did you be allo Slightly1 ave chest discomfort today? allo Slightly1 breathless during strenuous activities during slight activity2 less when washing or dress to the streng of breath when perform allo Slightly1 a short of breath when perform allo Slightly1 a short of breath today when allo Slightly1 a short of breath when perform allo Slightly1 a short of breath when perform allo Slightly1 a short of breath when perform allo Slightly1 Model at tired or weak today? allo Slightly1 Model at tired or worried were you above allo Slightly1 Model at the control of the c	y Date:	4 y Date:

ID NUMBER:	Place Participant I	ID label here				
0f) DAY 25	5					
1) Daily Diary	y Date:]/ []/				
2) Did your cl	nest feel conges	sted today?				
☐ Not at a	allo Slig	ıhtly <u>ı</u> Mo	oderately ₂	☐ Severely ₃	□ Extremely ₄	
3) How often	did you cough t	oday?				
☐ Not at a	all₀ ☐ Rar	rely ₁ Oc	ccasionally ₂	☐ Frequently₃	☐ Almost constantly₄	
4) How much	mucus (phlegm	n) did you bring u	p when coughin	g today?		
☐ None a	t all₀ □ A lit	ttle ₁ So	ome ₂	A great dea	I₃ ☐ A very great deal₄	
5) How difficu	It was it to bring	up mucus (phle	gm) today?			
☐ Not at a	allo Slig	ıhtlyı 🔲 Mo	oderately ₂	☐ Quite a bit₃	□ Extremely ₄	
6) Did you ha	ve chest discom	nfort today?				
☐ Not at a	allo Slig	ıht <u>ı</u> Mo	oderate ₂	☐ Severe₃	Extreme ₄	
7) Did your ch	nest feel tight to	day?				
☐ Not at a	allo Slig	ıhtlyı 🔲 Mo	oderately ₂	☐ Severely₃	□ Extremely ₄	
8) Were you b	oreathless today	/?				
☐ Not at a	allo Slig	ıhtlyı 🔲 Me	oderately ₂	☐ Severely₃	□ Extremely ₄	
9) Describe h	ow breathless y	ou were today?				
Unawar	e of breathless	ness ₀				
☐ Breathle	ess during stren	uous activity ₁				
☐ Breathle	ess during sligh	t activity ₂				
☐ Breathle	ess when washi	ng or dressing ₃				
☐ Present	t when resting4					
10) Were you	short of breath	when performing	g your usual per	sonal care activi	ties, like washing or dressin	g?
☐ Not at a	allo 🔲 Slig	ıhtlyı 🔲 Mo	oderately ₂	☐ Severely ₃	□ Extremely ₄	
11) Were you work?	short of breath	today when perf	orming your usu	al indoor activitie	es, like cleaning or househo	ld
☐ Not at a	allo Slig	ıhtlyı 🔲 Mo	oderately ₂	☐ Severely ₃	☐ Extremely₄	
12) Were you errands?	short of breath	when performing	g your usual acti	vities outside of	the house, such as yard wo	rk oı
☐ Not at a	II₀ ☐ Slightly₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
13) Were you	tired or weak to	oday?				
☐ Not at a	II ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	9Se ₅
14) Last night	, was your slee	p disturbed?				
☐ Not at a	II₀ ☐ Slightly₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	∋se ₅
15) How scar	ed or worried w	ere you about yo	ur lung problem	s today?		
☐ Not at a	II ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
∐ Not at a	II₀		_		☐ Too breathless to do the	16

Place Partici	pant ID label here			
6		_		
y Date:				
hest feel co	ngested today?	?		
allo 🔲	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you cou	igh today?			
allo 🔲	Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (ph	legm) did you b	oring up when coughin	g today?	
t allo	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to l	bring up mucus	(phlegm) today?		
allo 🔲	Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve chest dis	scomfort today	?		
allo 🔲	Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
nest feel tigl	nt today?			
	Slightly ₁		☐ Severely ₃	☐ Extremely₄
oreathless t	oday?			
allo 🗌	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow breathle	ess you were to	oday?		
re of breath	lessness ₀			
ess during s	strenuous activ	ity ₁		
ess during s	slight activity2			
ess when w	ashing or dres	sing₃		
t when resti	ng ₄			
short of bre	eath when perf	orming your usual per	sonal care activities	s, like washing or dressing?
	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of bre	eath today whe	n performing your usu	al indoor activities,	like cleaning or household
	Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
short of bre	eath when perf	orming your usual acti	vities outside of the	e house, such as yard work or
ıll _o 🗌 Sligl	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
tired or we	ak today?			
ıll _o 🗌 Sligl	ntly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
t, was your	sleep disturbed	1 ?		
ıll _o 🗌 Sligl	ntly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ed or worrie	ed were you ab	out your lung problem	s today?	
ıll _o 🗌 Sligl	htly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	Date:	nest feel congested today? allo	nest feel congested today? Date:	contest feel congested today? India

ID NUMBER:	Place Participant	ID label here			
0f) DAY 27	7				
1) Daily Diar	y Date:]/ 🗌 🗀 🗀		
2) Did your c	hest feel conge	ested today?			
☐ Not at a	allo 🔲 Slig	ghtly <u>1</u>	Moderately ₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough	today?			
☐ Not at a	all₀ □ Ra	ırely <u>ı</u>	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegr	n) did you brin	g up when coughir	ig today?	
☐ None a	t all₀ □ A I	ittle ₁	Some ₂	☐ A great dea	l₃ ☐ A very great deal₄
5) How difficu	ılt was it to brin	g up mucus (p	nlegm) today?		
☐ Not at a	allo 🔲 Slig	ghtly ₁	Moderately ₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discor	mfort today?			
☐ Not at a	allo 🔲 Sli	ght ₁	Moderate ₂	☐ Severe₃	Extreme ₄
7) Did your ch	nest feel tight to	oday?			
☐ Not at a	allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	□ Extremely ₄
8) Were you l	oreathless toda	y?			
☐ Not at a	allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless	you were today	/?		
Unawa	re of breathless	sness ₀			
☐ Breathle	ess during stre	nuous activity ₁			
☐ Breathl	ess during sligh	nt activity ₂			
☐ Breathle	ess when wash	ning or dressing]3		
☐ Presen	t when resting4				
10) Were you	short of breath	n when perform	ning your usual per	sonal care activi	ties, like washing or dressing?
☐ Not at a	allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
11) Were you work?	short of breath	n today when p	erforming your usu	ual indoor activition	es, like cleaning or household
☐ Not at a	allo Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath	n when perform	ning your usual act	ivities outside of	the house, such as yard work o
☐ Not at a	III ₀ Slightly	□ Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
13) Were you	tired or weak t	today?			
☐ Not at a	III ₀ Slightly	Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
14) Last night	t, was your slee	ep disturbed?			
☐ Not at a	ıllo 🗌 Slightly	Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
15) How scar	ed or worried w	vere you about	your lung problem	s today?	
☐ Not at a	III ₀ Slightly	Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅

ID NUMBER:	Place Participant ID labe	I nere			
0f) DAY 28	3				
1) Daily Diar	y Date: /				
2) Did your c	hest feel congested to	oday?			
☐ Not at a	allo Slightly1	☐ Moderate	ely ₂ Severely	Extremely ₄	
3) How often	did you cough today?	?			
☐ Not at a	all ₀ Rarely ₁	☐ Occasion	ally ₂	ly₃ ☐ Almost consta	ntly ₄
4) How much	mucus (phlegm) did	you bring up when	coughing today?		
☐ None a	t all₀ ☐ A little₁	☐ Some₂	☐ A great o	leal₃ ☐ A very great d	eal ₄
5) How difficu	ılt was it to bring up n	nucus (phlegm) too	day?		
☐ Not at a	allo Slightly ₁	☐ Moderate	ely ₂ Quite a b	oit₃ ☐ Extremely₄	
6) Did you ha	ve chest discomfort t	oday?			
☐ Not at a	allo Slight ₁	☐ Moderate	Severe ₃	☐ Extreme₄	
7) Did your ch	nest feel tight today?				
☐ Not at a	allo Slightly ₁	☐ Moderate	ely ₂ Severely	Extremely ₄	
8) Were you l	oreathless today?				
☐ Not at a	allo Slightly ₁	☐ Moderate	ely ₂ Severely	Extremely ₄	
9) Describe h	ow breathless you we	ere today?			
Unawai	re of breathlessnesso				
☐ Breathl	ess during strenuous	activity ₁			
☐ Breathl	ess during slight activ	vity ₂			
☐ Breathl	ess when washing or	dressing ₃			
☐ Presen	t when resting4				
10) Were you	short of breath wher	n performing your u	usual personal care ac	tivities, like washing or d	ressing?
☐ Not at a	_	☐ Moderate	_ ,		
work?	_	_	_	vities, like cleaning or ho 	usehold
☐ Not at a	•				
12) Were you errands?	short of breath wher	n performing your u	usual activities outside	of the house, such as ya	ard work or
☐ Not at a	ll₀ ☐ Slightly₁ ☐ I	Moderately ₂ S	everely ₃	y ₄ Too breathless to	do these ₅
	tired or weak today?	<u></u>			
	_ • • -	· —	everely ₃	y ₄ Too breathless to	do these ₅
	t, was your sleep dist				
		_	•	y ₄ Too breathless to	do these ₅
<u></u>	ed or worried were yo				
	ıll ₀	Moderately₂ ∐ S	everely ₃	y ₄ Too breathless to	do these ₅

Place Participant IL	label here			
9				
y Date:]/			
hest feel congest	ed today?			
all₀ ☐ Sligh	ntly ₁	erately ₂	Severely ₃	☐ Extremely₄
did you cough to	day?			
all₀ ☐ Rare	ly ₁ Occa	sionally ₂	Frequently ₃	Almost constantly4
mucus (phlegm)	did you bring up v	when coughing to	oday?	
t all₀ □ A littl	le ₁ Som	e ₂	A great deal ₃	☐ A very great deal₄
ılt was it to bring	up mucus (phlegm) today?		
all₀ ☐ Sligh	ıtly <u>ı</u> Mode	erately ₂] Quite a bit₃	☐ Extremely₄
ve chest discomf	ort today?			
all₀ ☐ Sligh	ıtı Mode	erate ₂	Severe ₃	☐ Extreme₄
nest feel tight tod	ay?			
all₀ ☐ Sligh	ıtlyı Mode	erately ₂] Severely₃	☐ Extremely₄
oreathless today?				
all₀ ☐ Sligh	ıtlyı Mode	erately ₂] Severely ₃	☐ Extremely₄
ow breathless yo	u were today?			
re of breathlessn	ess ₀			
ess during strenu	ious activity₁			
ess during slight	activity ₂			
ess when washin	g or dressing ₃			
t when resting4				
short of breath v	vhen performing y	our usual person	al care activitie	s, like washing or dressing?
allo 🗌 Sligh	itly ₁ Mode	erately ₂	Severely ₃	☐ Extremely₄
short of breath t	oday when perforr	ning your usual i	ndoor activities	, like cleaning or household
allo 🗌 Sligh	ıtly <u>ı</u> Mode	erately ₂	Severely ₃	☐ Extremely₄
short of breath v	vhen performing y	our usual activitie	es outside of the	e house, such as yard work or
ıll₀ ☐ Slightly₁		☐ Severely ₃ ☐	Extremely ₄	Too breathless to do these ₅
tired or weak too	day?			
ıll₀ ☐ Slightly₁	☐ Moderately ₂ [☐ Severely₃ ☐	Extremely ₄	Too breathless to do these ₅
t, was your sleep	disturbed?			
ıll₀ ☐ Slightly₁		☐ Severely ₃ ☐	Extremely ₄	Too breathless to do these ₅
ed or worried we	re you about your	lung problems to	day?	
Ill₀ ☐ Slightly₁		Severely ₃	Extremely ₄	Too breathless to do these ₅
	y Date: Slight to allo Slight to breathless today? allo Slight to breathless today? allo Slight toward to breath to allo Slight to allo Slight to the breath to allo Slight to allo Slightly to tired or weak too allo Slightly to allo Sl	hest feel congested today? allo Slightly1 Mode did you cough today? allo Rarely1 Occa mucus (phlegm) did you bring up we tallo A little1 Some allo Slightly1 Mode allo Slightly1	y Date:	y Date:

Place Participant II	D label here				
0					
y Date:]/ []/				
hest feel conges	ted today?				
all₀ ☐ Sligl	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
did you cough to	oday?				
allo 🔲 Rare	ely <u>ı</u> Oc	casionally ₂	☐ Frequently ₃	Almost constantly4	
mucus (phlegm) did you bring up	when coughing	g today?		
t all₀ □ A litt	tle ₁ So	me ₂	☐ A great deal	3 ☐ A very great deal₄	
ılt was it to bring	up mucus (phleg	gm) today?			
all₀ ☐ SligI	htly ₁	oderately ₂	☐ Quite a bit₃	Extremely ₄	
ve chest discom	fort today?				
all₀ ☐ Sligl	ht ₁ Mo	derate ₂	☐ Severe ₃	☐ Extreme₄	
nest feel tight too	lay?				
all₀ ☐ Sligl	htly ₁ Mc	oderately ₂	☐ Severely₃	□ Extremely ₄	
oreathless today	?				
all₀ ☐ Sligl	htly ₁ Mc	oderately ₂	☐ Severely₃	□ Extremely ₄	
ow breathless yo	ou were today?				
re of breathlessn	ess ₀				
ess during stren	uous activity ₁				
ess during slight	activity ₂				
ess when washir	ng or dressing3				
t when resting4					
short of breath	when performing	your usual pers	sonal care activit	ies, like washing or dressin	ıg?
all₀ ☐ Sligl	htly ₁ Mo	oderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	today when perfo	orming your usu	al indoor activitie	es, like cleaning or househo	old
allo 🔲 Sligl	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	when performing	your usual activ	vities outside of t	the house, such as yard wo	rk or
ıll₀ ☐ Slightly₁		☐ Severely ₃	□ Extremely ₄	☐ Too breathless to do the	ese ₅
tired or weak to	day?				
ıll₀ ☐ Slightly₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
t, was your sleep	disturbed?				
ıll₀ ☐ Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
ed or worried we	ere you about you	ur lung problems	s today?		
ıll₀ ☐ Slightly₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
	y Date: Slightly streed or worried we allo Slightly streed or weak to bring allo Slightly streed or worried we allo Slightly streed or work streed st	y Date:	y Date:	po by Date:	y Date:

Place Par	ticipant ID label here			
1				
y Date: [
hest feel	congested today?	?		
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you c	ough today?			
all₀	☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
mucus (phlegm) did you b	oring up when coughin	g today?	
ıt all₀	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it	to bring up mucus	(phlegm) today?		
all₀	☐ Slightly¹	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ave chest	discomfort today?	?		
all _o	Slight₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
hest feel	tight today?			
all₀	☐ Slightly¹	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
breathles	s today?			
all₀	☐ Slightly¹	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
now breat	hless you were to	day?		
re of brea	athlessness ₀			
less durin	g strenuous activi	ity ₁		
less durin	g slight activity2			
less wher	n washing or dress	sing₃		
t when re	esting ₄			
short of	breath when perfe	orming your usual pers	sonal care activities	s, like washing or dressing?
all _o	☐ Slightly¹	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
all _o	Slightly₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
ı short of	breath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all₀ ☐ S	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ı tired or	weak today?			
all _o	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
t, was yo	ur sleep disturbed	! ?		
$all_0 \square S$	lightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
red or wo	rried were you ab	out your lung problem	s today?	
all _o S	lightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	y Date: [hest feel allo did you of allo allo hest feel allo hest	hest feel congested today? allo	thest feel congested today?	thest feel congested today?

ID NUMBER:	Place Participant ID label her	re		
Of) DAY 3	2			
1) Daily Diar	y Date: / /			
2) Did your c	hest feel congested toda	y?		
☐ Not at a	allo Slightly ₁		☐ Severely ₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	ı bring up when coughi	ing today?	
☐ None a	t all₀ ☐ A little₁	☐ Some ₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to bring up muc	us (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort toda	ıy?		
☐ Not at a	all ₀ Slight ₁	☐ Moderate₂	☐ Severe₃	Extreme ₄
7) Did your cl	nest feel tight today?			
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you l	oreathless today?			
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were	today?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous act	ivity₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dre	essing ₃		
☐ Presen	t when resting4			
10) Were you	short of breath when pe	erforming your usual pe	ersonal care activitie	es, like washing or dressing?
☐ Not at a	allo Slightly ₁		☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today wh	nen performing your us	sual indoor activities	, like cleaning or household
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when pe	erforming your usual ac	ctivities outside of th	e house, such as yard work or
☐ Not at a	ıll ₀	derately ₂ Severely ₃	Extremely ₄	☐ Too breathless to do these₅
13) Were you	tired or weak today?			
☐ Not at a	ıll ₀	derately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
14) Last nigh	t, was your sleep disturb	ed?		
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Moo	derately ₂ Severely ₃	Extremely ₄	☐ Too breathless to do these₅
15) How scar	ed or worried were you a	about your lung probler	ns today?	
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Moc	derately ₂ Severely ₃	Extremely ₄	☐ Too breathless to do these₅

Place Participan	t ID label here			
3				
y Date: [
hest feel cong	ested today?			
allo 🔲 SI	ightly <u>ı</u> [☐ Moderately₂	☐ Severely₃	□ Extremely ₄
did you cough	today?			
allo 🔲 Ra	arely ₁ [☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
mucus (phleg	m) did you br	ing up when coughin	g today?	
t all ₀	little ₁ [☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to brir	ng up mucus ((phlegm) today?		
allo 🔲 SI	ightly ₁ [☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ve chest disco	mfort today?			
allo 🔲 SI	ight ₁	Moderate ₂	☐ Severe₃	☐ Extreme₄
nest feel tight t	oday?			
allo 🔲 SI	ightly <u>ı</u> [☐ Moderately₂	☐ Severely₃	□ Extremely ₄
breathless toda	ay?			
allo 🔲 SI	ightly <u>ı</u> [☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breathless	you were tod	ay?		
re of breathles	snesso			
ess during stre	enuous activity	y 1		
ess during slig	ht activity ₂			
ess when was	hing or dressi	ng₃		
t when resting	4			
short of breat	h when perfo	rming your usual pers	sonal care activiti	es, like washing or dressing?
allo 🔲 SI	ightly <u>ı</u> [☐ Moderately₂	☐ Severely₃	☐ Extremely₄
short of breat	h today when	performing your usu	al indoor activities	s, like cleaning or household
allo 🗌 SI	ightly <u>ı</u> [☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of breat	h when perfo	rming your usual acti	vities outside of th	he house, such as yard work or
allo 🗌 Slightly	√1 ☐ Modera	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ı tired or weak	today?			
allo Slightly	√₁ ☐ Modera	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
t, was your sle	ep disturbed?)		
allo 🗌 Slightly	√1 ☐ Modera	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ed or worried	were you abo	ut your lung problems	s today?	
allo Slightly	√₁ ☐ Modera	ately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	y Date:	hest feel congested today? allo	y Date:	y Date:

Place Partic	ipant ID label here			
4		_		
y Date:				
hest feel co	ongested today?	?		
allo 🗀] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you cou	ugh today?			
all _o] Rarely₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (ph	ılegm) did you b	oring up when coughin	g today?	
ıt allo] A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	bring up mucus	(phlegm) today?		
all _o] Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ive chest di	scomfort today?	?		
all _o] Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel tig	ht today?			
all _o] Slightly ₁		☐ Severely ₃	☐ Extremely₄
breathless t	today?			
all _o] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow breathle	ess you were to	day?		
re of breath	nlessness ₀			
ess during	strenuous activi	ity ₁		
ess during	slight activity ₂			
ess when v	vashing or dress	sing₃		
t when rest	ing ₄			
short of br	eath when perfo	orming your usual pers	sonal care activitie	s, like washing or dressing?
allo 🗌] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of br	eath today whe	n performing your usu	al indoor activities	, like cleaning or household
all _o] Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
short of br	eath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
allo 🗌 Slig	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ı tired or we	eak today?			
all <mark>o </mark>	htly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your	sleep disturbed	! ?		
all₀ ☐ Slig	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or worri	ed were you ab	out your lung problem	s today?	
all ₀	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
	y Date: hest feel coallo did you con allo did you chest feel tigallo did you chest feel tigallo did you breathless allo did you breathless during ess during ess during ess when you willo did you con allo did yo	hest feel congested today? allo	y Date:	4 y Date:

Place Part	icipant ID label here			
5		J		
y Date:				
hest feel o	congested today?	>		
allo [☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you co	ough today?			
allo [☐ Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (p	hlegm) did you b	oring up when coughin	g today?	
ıt all ₀ [A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	o bring up mucus	(phlegm) today?		
allo [☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve chest	discomfort today?	?		
allo [☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel ti	ght today?			
allo [☐ Slightly₁		☐ Severely₃	☐ Extremely₄
breathless	s today?			
all _o [_ Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breath	nless you were to	day?		
re of brea	thlessnesso			
ess durinç	g strenuous activi	ity ₁		
ess durinç	g slight activity2			
ess when	washing or dress	sing₃		
t when res	sting ₄			
short of b	oreath when perfo	orming your usual pers	sonal care activities	s, like washing or dressing?
allo [_ Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of t	oreath today whe	n performing your usu	al indoor activities,	, like cleaning or household
all _o	☐ Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
ı short of t	oreath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all _o	ghtly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or v	veak today?			
all _o	ghtly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was you	ır sleep disturbed	! ?		
all _o	ghtly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ed or wor	ried were you ab	out your lung problem	s today?	
all _o	ghtly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: hest feel of allo allo allo allo allo allo allo	hest feel congested today? allo	by Date:	by Date:

Place Part	icipant ID label here			
6		J		
y Date:				
hest feel o	congested today?			
allo [☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄
did you co	ough today?			
allo [☐ Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (p	hlegm) did you b	oring up when coughin	g today?	
ıt all ₀ [A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	o bring up mucus	(phlegm) today?		
allo [☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve chest	discomfort today?	?		
all _o [☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel t	ight today?			
allo [☐ Slightly₁		☐ Severely₃	☐ Extremely₄
breathless	s today?			
all _o [Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow breath	nless you were to	day?		
re of brea	thlessnesso			
ess durino	g strenuous activi	ity ₁		
ess durino	g slight activity2			
ess when	washing or dress	sing ₃		
t when res	sting ₄			
short of b	oreath when perfo	orming your usual pers	sonal care activitie	s, like washing or dressing?
allo [Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of l	oreath today whe	n performing your usu	al indoor activities,	, like cleaning or household
all _o [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
ı short of l	oreath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all _o	ightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ı tired or v	veak today?			
all _o	ightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was you	ır sleep disturbed	! ?		
all _o	ightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or wor	ried were you ab	out your lung problem	s today?	
all _o Sli	ightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: hest feel of allo allo allo allo allo allo allo	hest feel congested today? allo	best feel congested today?	hest feel congested today? allo

Place Participant ID	label here			
7				
y Date:]/]	
hest feel congest	ed today?			
all₀ ☐ Sligh	tly ₁ Mode	rately ₂	Severely3	☐ Extremely₄
did you cough to	day?			
all₀ ☐ Rare	ly ₁ Occas	sionally ₂	Frequently ₃	☐ Almost constantly₄
mucus (phlegm)	did you bring up w	hen coughing too	day?	
t all₀ □ A littl	e ₁ Some	;2	A great deal₃	☐ A very great deal₄
ılt was it to bring ı	up mucus (phlegm)	today?		
all₀ ☐ Sligh	tly ₁ Mode	rately ₂	Quite a bit₃	☐ Extremely₄
ve chest discomf	ort today?			
all₀ ☐ Sligh	t ₁ Moder	ate ₂	Severe₃	☐ Extreme₄
nest feel tight toda	ay?			
all₀ ☐ Sligh	tly ₁ Mode	rately ₂	Severely ₃	☐ Extremely₄
oreathless today?	•			
all₀ ☐ Sligh	tly ₁ Mode	rately ₂	Severely ₃	☐ Extremely₄
ow breathless yo	u were today?			
re of breathlessne	ess ₀			
ess during strenu	ous activity ₁			
ess during slight	activity ₂			
ess when washin	g or dressing₃			
t when resting ₄				
short of breath v	hen performing yo	ur usual persona	I care activities	s, like washing or dressing?
all₀ ☐ Sligh	tly ₁ Mode	rately ₂	Severely ₃	☐ Extremely₄
short of breath to	oday when perform	ing your usual ind	door activities,	like cleaning or household
all <mark>o </mark>	tly ₁ Mode	rately ₂ S	Severely ₃	☐ Extremely₄
short of breath w	hen performing yo	ur usual activities	s outside of the	house, such as yard work or
ıll₀ ☐ Slightly₁] Severely ₃	Extremely ₄	Too breathless to do these ₅
tired or weak too	lay?			
ıll₀ ☐ Slightly₁] Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your sleep	disturbed?			
ıll₀ ☐ Slightly₁] Severely ₃	Extremely ₄	Too breathless to do these ₅
ed or worried wei	e you about your lu	ung problems tod	lay?	
ıll₀ ☐ Slightly₁] Severely ₃	Extremely ₄	Too breathless to do these ₅
	y Date:	hest feel congested today? allo Slightly1 Moderately2 allo Rarely1 Occas mucus (phlegm) did you bring up widerately2 Moderately2 allo Slightly1 Moderately2 Moderately2 Slightly1 Moderately2 Moderately2 Moderately2 Moderately3 Moderately4 Moderately4 Moderately5 Moderately5 Moderately5 Moderately6 Moderately6 Moderately6 Moderately6 Moderately6 Moderately7 Moderately6 Moderately7 Moderately8 Moderately9 Moderately	y Date:	y Date:

Place Participa	ant ID label here			
3		_		
y Date:				
hest feel con	gested today?	?		
	Slightly1		☐ Severely₃	Extremely ₄
did you coug	h today?			
allo 🔲 F	Rarelyı	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (phle	gm) did you b	oring up when coughir	ng today?	
t allo 🔲 A	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to br	ing up mucus	(phlegm) today?		
	Slightly1		☐ Quite a bit₃	☐ Extremely₄
ve chest disc	omfort today	?		
	Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
nest feel tight	today?			
allo 🔲 S	Slightly1		☐ Severely₃	☐ Extremely₄
oreathless to	day?			
allo 🔲 S	Slightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breathles	s you were to	oday?		
re of breathle	ssnesso			
ess during sti	renuous activ	ity ₁		
ess during sli	ght activity2			
ess when wa	shing or dres	sing₃		
t when resting	94			
short of brea	ath when perf	orming your usual pe	rsonal care activitie	es, like washing or dressing?
	Slightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of brea	ath today whe	n performing your us	ual indoor activities	s, like cleaning or household
	Slightly ₁		☐ Severely₃	Extremely ₄
short of brea	ath when perf	orming your usual act	ivities outside of th	ne house, such as yard work or
ıll _o 🗌 Slight	ly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	•			
ıll _o 🗌 Slight	ly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your sl	eep disturbed	i? 		
	•	•		Too breathless to do these ₅
				_
ıll₀ ☐ Slight	ly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	A Date:	hest feel congested today? Allo Slightly1 did you cough today? Allo Rarely1 mucus (phlegm) did you be to allo A little1 Alt was it to bring up mucus allo Slightly1 ve chest discomfort today? Allo Slightly1 nest feel tight today? Allo Slightly1 ow breathless today? Allo Slightly1 ow breathless you were to be of breathless	A Date:	A plate:

ID NUMBER:	Place Participant ID label her	9		
0f) DAY 39	9			
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today	y ?		
☐ Not at a	all ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	bring up when coughi	ing today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to bring up mucı	ıs (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort toda	y?		
☐ Not at a	all ₀	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel tight today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you l	oreathless today?			
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were	today?		
Unawa	re of breathlessnesso			
☐ Breathle	ess during strenuous act	vity ₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dre	ssing₃		
☐ Presen	t when resting4			
10) Were you	short of breath when pe	rforming your usual pe	ersonal care activities	s, like washing or dressing?
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today wh	en performing your us	sual indoor activities,	like cleaning or household
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when pe	rforming your usual ac	ctivities outside of the	e house, such as yard work or
☐ Not at a	ıll ₀ 🔲 Slightly ₁ 🔲 Mod	erately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
13) Were you	tired or weak today?			
☐ Not at a	ıll ₀ 🔲 Slightly ₁ 🔲 Mod	erately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
14) Last night	t, was your sleep disturbe	ed?		
☐ Not at a	ıll ₀	erately ₂	Extremely ₄	Too breathless to do these ₅
15) How scar	ed or worried were you a	bout your lung probler	ms today?	
☐ Not at a	ıll ₀	erately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅

ID NUMBER:	Place Participant ID label here			
0f) DAY 40	0	_		
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today?	?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	A great deals	A very great deal4
5) How difficu	ılt was it to bring up mucus	s (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁		☐ Quite a bit₃	□ Extremely ₄
6) Did you ha	ve chest discomfort today	?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your cl	nest feel tight today?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	□ Extremely ₄
8) Were you I	breathless today?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were to	oday?		
Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	ity <u>ı</u>		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	sing₃		
Presen	t when resting4			
10) Were you	short of breath when perfe	orming your usual per	sonal care activiti	es, like washing or dressing?
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	□ Extremely ₄
11) Were you work?	short of breath today whe	n performing your usu	al indoor activitie	s, like cleaning or household
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when perfo	orming your usual act	vities outside of t	he house, such as yard work or
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
13) Were you	tired or weak today?			
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
14) Last nigh	t, was your sleep disturbed	! ?		
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
·	red or worried were you ab		<u> </u>	
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅

Place Pari	ticipant ID label here			
1		J		
y Date:				
hest feel	congested today?	•		
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you c	ough today?			
all _o	☐ Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (p	ohlegm) did you b	oring up when coughin	g today?	
ıt allo	☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it t	o bring up mucus	(phlegm) today?		
all _o	☐ Slightly <u>ı</u>		☐ Quite a bit₃	☐ Extremely₄
ave chest	discomfort today?	?		
all ₀	☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel t	ight today?			
all _o	Slightly ₁		☐ Severely₃	☐ Extremely₄
breathles	s today?			
all _o	Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
now breatl	nless you were to	day?		
re of brea	thlessnesso			
less durin	g strenuous activi	ity ₁		
less durin	g slight activity2			
less when	washing or dress	sing ₃		
t when re	sting ₄			
short of	breath when perfo	orming your usual pers	sonal care activities	s, like washing or dressing?
all _o	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
all _o	☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
short of	breath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all _o	ightly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or v	weak today?			
all _o	ightly₁ ☐ Modei	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was you	ur sleep disturbed	! ?		
all _o	ightly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
red or wor	ried were you ab	out your lung problem	s today?	
all _o	ightly₁ ☐ Modei	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: [hest feel of allo of	hest feel congested today? allo	thest feel congested today?	ty Date:

ID NUMBER:	Place Participa	nt ID label here			
0f) DAY 42	2		_		
1) Daily Diary	y Date:				
2) Did your cl	hest feel cong	gested today?	?		
☐ Not at a	allo 🔲 S	Slightly		☐ Severely₃	☐ Extremely₄
3) How often	did you cougl	h today?			
☐ Not at a	allo 🔲 R	Rarelyı	Occasionally ₂	☐ Frequently ₃	Almost constantly4
4) How much	mucus (phle	gm) did you b	oring up when coughir	ng today?	
☐ None a	t allo 🔲 A	\ little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to bri	ing up mucus	(phlegm) today?		
☐ Not at a	allo 🔲 S	Slightly1	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest disc	omfort today'	?		
☐ Not at a	allo 🔲 S	Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your ch	nest feel tight	today?			
☐ Not at a	allo 🔲 S	Slightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
8) Were you b	oreathless too	day?			
☐ Not at a	allo 🔲 S	Slightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless	s you were to	oday?		
Unawar	re of breathles	ssnesso			
☐ Breathle	ess during str	enuous activ	ity ₁		
☐ Breathle	ess during sli	ght activity2			
☐ Breathle	ess when was	shing or dres	sing₃		
☐ Present	t when resting]4			
10) Were you	short of brea	ith when perf	orming your usual per	sonal care activitie	es, like washing or dressing?
☐ Not at a	allo 🗌 S	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of brea	th today whe	n performing your us	ual indoor activities	s, like cleaning or household
☐ Not at a	allo 🗌 S	Slightly		☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of brea	ith when perf	orming your usual act	ivities outside of th	e house, such as yard work or
☐ Not at a	ll₀ ☐ Slightl	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
13) Were you	tired or weak	k today?			
☐ Not at a	ll₀ ☐ Slightl	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	t, was your sle	eep disturbed	1 ?		
☐ Not at a	ll₀ ☐ Slightl	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
<u> </u>			out your lung problem		_
☐ Not at a	ll₀ ☐ Slightl	y ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅

ID NUMBER:	Place Particij	oant ID label here			
Of) DAY 43	3				
1) Daily Diary	y Date:				
2) Did your cl	hest feel coi	ngested today	?		
☐ Not at a		Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
3) How often	did you cou	gh today?			
☐ Not at a		Rarely ₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phl	egm) did you b	oring up when coughin	g today?	
☐ None at	t all ₀	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to b	oring up mucus	s (phlegm) today?		
☐ Not at a		Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest dis	comfort today	?		
☐ Not at a		Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your ch	nest feel tigh	nt today?			
☐ Not at a		Slightly ₁		☐ Severely ₃	☐ Extremely₄
8) Were you b	oreathless to	oday?			
☐ Not at a		Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
9) Describe h	ow breathle	ss you were to	oday?		
Unawar	re of breathl	essness ₀			
☐ Breathle	ess during s	trenuous activ	ity <u>ı</u>		
☐ Breathle	ess during s	slight activity2			
☐ Breathle	ess when w	ashing or dres	sing₃		
☐ Present	t when restii	ng ₄			
10) Were you	short of bre	eath when perf	orming your usual per	sonal care activitie	s, like washing or dressing?
☐ Not at a		Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of bre	eath today whe	n performing your usu	al indoor activities,	like cleaning or household
☐ Not at a		Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of bre	eath when perf	orming your usual acti	vities outside of the	e house, such as yard work or
☐ Not at a	ıll _o 🗌 Sligh	ntly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
13) Were you	tired or wea	ak today?			
☐ Not at a	ıll _o 🗌 Sligh	ntly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
14) Last night	t, was your s	sleep disturbed	d?		
☐ Not at a	ıll _o 🗌 Sligh	ntly ₁	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
15) How scar	ed or worrie	d were you ab	out your lung problem	s today?	
☐ Not at a	ıll _o 🗌 Sligh	ntly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅

Place Participant II	D label here				
4					
y Date:]/ [] /				
hest feel conges	ted today?				
all₀ ☐ Sligl	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
did you cough to	oday?				
allo 🔲 Rare	ely <u>ı</u> Oc	casionally ₂	☐ Frequently ₃	Almost constantly4	
mucus (phlegm) did you bring up	when coughing	g today?		
t all₀ □ A litt	tle ₁ So	me ₂	☐ A great deal		
ılt was it to bring	up mucus (phleg	gm) today?			
all₀ ☐ SligI	htly ₁	oderately ₂	☐ Quite a bit₃	☐ Extremely₄	
ve chest discom	fort today?				
all₀ ☐ Sligl	ht ₁ Mo	derate ₂	☐ Severe ₃	Extreme ₄	
nest feel tight too	lay?				
all₀ ☐ SligI	htly ₁	oderately ₂	☐ Severely₃	□ Extremely ₄	
oreathless today	?				
all₀ ☐ SligI	htly ₁	oderately ₂	☐ Severely₃	□ Extremely ₄	
ow breathless yo	ou were today?				
re of breathlessn	ess ₀				
ess during stren	uous activity ₁				
ess during slight	activity ₂				
ess when washir	ng or dressing ₃				
t when resting4					
short of breath	when performing	your usual pers	sonal care activit	ties, like washing or dressin	ıg?
all₀ ☐ Sligl	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	today when perfo	orming your usu	al indoor activitie	es, like cleaning or househo	old
allo 🗌 Sligl	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	when performing	your usual activ	vities outside of t	the house, such as yard wo	rk or
ıll₀ ☐ Slightly₁		☐ Severely ₃	□ Extremely ₄	☐ Too breathless to do the	ese ₅
tired or weak to	day?				
ıll₀ ☐ Slightly₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
t, was your sleep	disturbed?				
ıll₀ ☐ Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
ed or worried we	ere you about you	ur lung problems	s today?		
ıll₀ ☐ Slightly₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do the	ese ₅
	y Date: Slightly short of breath short of brea	y Date:	y Date:	4 y Date:	y Date:

ID NUMBER:	Place Participant I	D label here			
0f) DAY 4	5				
Daily Diary	y Date:				
2) Did your c	hest feel conges	sted today?			
☐ Not at a	all₀ ☐ Slig	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough to	oday?			
☐ Not at a	all₀ ☐ Rar	ely ₁ O	ccasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you bring u	p when coughin	g today?	
☐ None a	t all₀ □ A lit	tle ₁ So	ome ₂	☐ A great dea	I₃ ☐ A very great deal₄
5) How difficu	ılt was it to bring	up mucus (phle	gm) today?		
☐ Not at a	all₀ ☐ Slig	htly ₁	oderately ₂	☐ Quite a bit₃	Extremely ₄
6) Did you ha	ve chest discom	fort today?			
☐ Not at a	all₀ ☐ Slig	ht ₁ Mo	oderate ₂	☐ Severe₃	□ Extreme ₄
7) Did your ch	nest feel tight too	day?			
☐ Not at a	all₀ ☐ Slig	htly ₁	oderately ₂	☐ Severely₃	□ Extremely ₄
8) Were you l	oreathless today	?			
☐ Not at a	all₀ ☐ Slig	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless y	ou were today?			
Unawa	re of breathlessr	ness ₀			
☐ Breathl	ess during stren	uous activity ₁			
☐ Breathl	ess during slight	t activity ₂			
☐ Breathl	ess when washi	ng or dressing3			
☐ Presen	t when resting4				
10) Were you	short of breath	when performing	g your usual per	sonal care activi	ties, like washing or dressing?
☐ Not at a	all₀ ☐ Slig	htly ₁	oderately ₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath	today when perf	orming your usu	al indoor activitie	es, like cleaning or household
☐ Not at a	allo 🗌 Slig	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath	when performing	g your usual acti	vities outside of	the house, such as yard work or
☐ Not at a	ıll₀ ☐ Slightly₁		Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
13) Were you	tired or weak to	oday?			
☐ Not at a	ıll₀ ☐ Slightly₁		Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
14) Last night	t, was your sleep	disturbed?			
☐ Not at a	III₀ ☐ Slightly₁	☐ Moderately ₂	Severely ₃	☐ Extremely₄	☐ Too breathless to do these ₅
<u></u>		ere you about yo			_
☐ Not at a	ıll₀ ☐ Slightly₁		Severely ₃	Extremely ₄	☐ Too breathless to do these ₅

Place Participan	t ID label here			
6		I		
y Date: [/ [
hest feel cong	ested today?			
allo 🔲 SI	ightly ₁		☐ Severely₃	□ Extremely ₄
did you cough	today?			
allo 🔲 Ra	arely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (phleg	m) did you b	ring up when coughin	g today?	
t all ₀	little1	Some ₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to brir	ng up mucus	(phlegm) today?		
allo 🔲 SI	ightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve chest disco	mfort today?			
allo 🔲 SI	ight ₁ [Moderate ₂	☐ Severe ₃	☐ Extreme₄
nest feel tight t	oday?			
allo 🔲 SI	ightly ₁		☐ Severely₃	□ Extremely₄
breathless toda	ay?			
allo 🗌 SI	ightly ₁		☐ Severely₃	□ Extremely ₄
ow breathless	you were too	day?		
re of breathles	sness ₀			
ess during stre	enuous activit	ty ₁		
ess during slig	ht activity2			
ess when was	hing or dress	sing ₃		
t when resting	4			
short of breat	h when perfo	orming your usual per	sonal care activiti	es, like washing or dressing?
allo 🗌 SI	ightly <u>1</u>		☐ Severely₃	☐ Extremely₄
short of breat	h today wher	n performing your usu	al indoor activities	s, like cleaning or household
allo 🗌 SI	ightly ₁		☐ Severely₃	☐ Extremely₄
short of breat	h when perfo	orming your usual acti	vities outside of th	he house, such as yard work or
allo 🗌 Slightly	√ ₁	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
tired or weak	today?			
allo Slightly	√ ₁	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
t, was your sle	ep disturbed	?		
all _o	√1 ☐ Moder	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ed or worried	were you abo	out your lung problem	s today?	
all _o Slightly	√ ₁	ately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
	by Date:	hest feel congested today? allo	best feel congested today?	hest feel congested today? allo

Place Participan	t ID label here				
7					
y Date:	/]/ 🗌 🗀 🗀			
hest feel conge	ested today?				
allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄	
did you cough	today?				
allo 🔲 Ra	arely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄	
mucus (phlegr	m) did you brin	g up when coughin	g today?		
t all ₀	little ₁	Some ₂	☐ A great deal	A very great deal4	
ılt was it to brin	g up mucus (pl	hlegm) today?			
allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Quite a bit₃	Extremely ₄	
ve chest disco	mfort today?				
allo 🔲 Sli	ght ₁	Moderate ₂	☐ Severe ₃	☐ Extreme₄	
nest feel tight to	oday?				
allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	□ Extremely ₄	
oreathless toda	ıy?				
allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄	
ow breathless	you were today	/?			
re of breathless	sness ₀				
ess during stre	nuous activity1				
ess during sligl	nt activity ₂				
ess when wash	ning or dressing) 3			
t when resting4					
short of breath	n when perform	ning your usual per	sonal care activit	ties, like washing or dressing?)
allo 🔲 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	n today when p	erforming your usu	al indoor activitie	es, like cleaning or household	
allo 🗌 Sli	ghtly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	n when perform	ning your usual acti	vities outside of t	the house, such as yard work	or
ıll₀ ☐ Slightly	₁ ☐ Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	e ₅
tired or weak	today?				
ıll _o	1 Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	e ₅
t, was your slee	ep disturbed?				
ıll _o	₁ ☐ Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	e ₅
ed or worried v	vere you about	your lung problem	s today?		
ıll₀ ☐ Slightly	1 Moderate	ely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	e ₅
	y Date: Since thest feel congentiallo Slince to breathless to deallo Slince to breathless to	hest feel congested today? allo	y Date:	y Date:	y Date:

Place Participant	ID label here				
3					
y Date:					
hest feel conge	sted today?				
allo 🔲 Slig	ghtly <u>1</u> Mo	oderately ₂	☐ Severely₃	☐ Extremely₄	
did you cough t	oday?				
allo 🔲 Rai	rely ₁ Oc	ccasionally ₂	☐ Frequently ₃	☐ Almost constantly₄	
mucus (phlegm	n) did you bring u	p when coughin	g today?		
t all₀ □ A li	ttle ₁ So	ome ₂	☐ A great deal	☐ A very great deal₄	
ılt was it to brinç	g up mucus (phle	gm) today?			
all₀ ☐ Slig	ghtly <u>1</u>	oderately ₂	☐ Quite a bit₃	☐ Extremely₄	
ve chest discon	nfort today?				
all₀ □ Slig	ght <u>ı</u> Mo	oderate ₂	☐ Severe ₃	☐ Extreme₄	
nest feel tight to	day?				
all₀ □ Slig	ghtly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
oreathless today	y?				
allo 🔲 Slig	ghtly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
ow breathless y	ou were today?				
re of breathless	ness ₀				
ess during strer	nuous activity ₁				
ess during sligh	t activity ₂				
ess when wash	ing or dressing3				
t when resting4					
short of breath	when performing	g your usual pers	sonal care activit	ties, like washing or dressing?	
allo 🔲 Slig	ghtly ₁	oderately ₂	☐ Severely ₃	☐ Extremely₄	
short of breath	today when perf	orming your usu	al indoor activitie	es, like cleaning or household	
allo 🔲 Slig	ghtly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
short of breath	when performing	g your usual acti	vities outside of	the house, such as yard work o	r
ıll ₀		☐ Severely ₃	☐ Extremely₄	Too breathless to do these	5
tired or weak to	oday?				
ıll ₀		☐ Severely ₃	☐ Extremely₄	Too breathless to do these	5
t, was your slee	p disturbed?				
ıll ₀		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	5
ed or worried w	ere you about yo	ur lung problem	s today?		
ıll₀ ☐ Slightly₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	5
	y Date:	y Date:	y Date:	B y Date:	y Date:

	Place Participant ID label	here			
ID NUMBER:	,				
0f) DAY 49	9				
1) Daily Diar	y Date: / _				
2) Did your c	hest feel congested to	day?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately	☐ Severely ₃	☐ Extremely₄	
3) How often	did you cough today?				
☐ Not at a	all ₀ Rarely ₁	☐ Occasionall	y ₂ Frequently ₃	☐ Almost constantly₄	
4) How much	mucus (phlegm) did y	ou bring up when co	oughing today?		
☐ None a	t all ₀	☐ Some₂	A great deals	A very great deal4	
5) How difficu	ılt was it to bring up mı	ucus (phlegm) today	/?		
☐ Not at a	all ₀ Slightly ₁		☐ Quite a bit₃	□ Extremely ₄	
6) Did you ha	ive chest discomfort to	oday?			
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe₃	Extreme ₄	
7) Did your cl	hest feel tight today?				
☐ Not at a	all ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄	
8) Were you I	breathless today?				
☐ Not at a	allo Slightly ₁		☐ Severely ₃	Extremely ₄	
9) Describe h	ow breathless you we	re today?			
☐ Unawa	re of breathlessnesso				
☐ Breathl	ess during strenuous a	activity ₁			
☐ Breathl	ess during slight activi	ty ₂			
☐ Breathl	ess when washing or o	dressing ₃			
☐ Presen	t when resting4				
10) Were you	short of breath when	performing your usu	ual personal care activiti	es, like washing or dressi	ng?
☐ Not at a	allo Slightly ₁		☐ Severely ₃	□ Extremely ₄	
11) Were you work?	short of breath today	when performing yo	our usual indoor activitie	s, like cleaning or househ	old
☐ Not at a	allo Slightly ₁	☐ Moderately	☐ Severely ₃	☐ Extremely₄	
12) Were you errands?	short of breath when	performing your usu	ual activities outside of the	he house, such as yard w	ork or
☐ Not at a	all ₀	loderately₂ ☐ Seve	erely ₃	Too breathless to do th	1ese ₅
13) Were you	ı tired or weak today?				
☐ Not at a	all ₀	loderately₂ ☐ Seve	erely ₃	Too breathless to do th	nese ₅
14) Last nigh	t, was your sleep distu	ırbed?			
☐ Not at a	all₀ ☐ Slightly₁ ☐ M	loderately₂ ☐ Seve	erely ₃	☐ Too breathless to do th	nese ₅
15) How scar	ed or worried were you	u about your lung pr	oblems today?		
☐ Not at a	all ₀	loderately₂ ☐ Seve	erely ₃	☐ Too breathless to do th	nese ₅

ID NUMBER:	Place Participant ID label	nere			
0f) DAY 50)				
1) Daily Diary	y Date: / [
2) Did your cl	hest feel congested to	oday?			
☐ Not at a	allo Slightly ₁		√2 Severely₃	□ Extremely ₄	
3) How often	did you cough today?				
☐ Not at a	allo Rarelyı	☐ Occasiona	Ily ₂ Frequently ₃	Almost constantly	4
4) How much	mucus (phlegm) did y	you bring up when o	coughing today?		
☐ None a	t all ₀	☐ Some ₂	A great dea	Il ₃ A very great deal ₄	Į
5) How difficu	llt was it to bring up m	ucus (phlegm) toda	ay?		
☐ Not at a	allo Slightly ₁		√2	□ Extremely ₄	
6) Did you ha	ve chest discomfort to	oday?			
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe₃	Extreme ₄	
7) Did your ch	nest feel tight today?				
☐ Not at a	allo Slightly ₁		Severely ₃	☐ Extremely₄	
8) Were you b	oreathless today?				
☐ Not at a	allo Slightly ₁		√2 Severely₃	☐ Extremely₄	
9) Describe h	ow breathless you we	ere today?			
Unawai	re of breathlessnesso				
☐ Breathle	ess during strenuous	activity ₁			
☐ Breathle	ess during slight activ	ity ₂			
☐ Breathle	ess when washing or	dressing₃			
☐ Present	t when resting4				
10) Were you	short of breath when	performing your us	sual personal care activi	ities, like washing or dres	sing?
☐ Not at a	allo Slightly ₁		Severely ₃	□ Extremely ₄	
11) Were you work?	short of breath today	when performing y	our usual indoor activiti	es, like cleaning or house	hold
☐ Not at a	allo Slightly ₁	☐ Moderately	√2 Severely₃	□ Extremely ₄	
12) Were you errands?	short of breath when	performing your us	sual activities outside of	the house, such as yard	work or
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ N	∕loderately₂ ☐ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅
13) Were you	tired or weak today?				
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ N	Moderately₂ ☐ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅
14) Last night	t, was your sleep distu	urbed?			
☐ Not at a	ıll ₀	Moderately₂ ☐ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅
15) How scar	ed or worried were yo	ou about your lung p	problems today?		
☐ Not at a	III₀ ☐ Slightly₁ ☐ N	∕loderately₂ ☐ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅

ID NUMBER:	Place Participant ID I	abel here			
0f) DAY 51	1				
1) Daily Diary	/ Date:	/ [
2) Did your cl	nest feel congeste	d today?			
☐ Not at a	allo Slightl	y ₁ Moderate	ly ₂ Severely	Extremely ₄	
3) How often	did you cough toda	ay?			
☐ Not at a	all₀ ☐ Rarely	Occasion	ally ₂	ly ₃ Almost consta	ntly ₄
4) How much	mucus (phlegm) c	lid you bring up when	coughing today?		
☐ None a	t all₀ ☐ A little	Some ₂	☐ A great of	deal₃ ☐ A very great d	eal ₄
5) How difficu	lt was it to bring u	o mucus (phlegm) too	lay?		
☐ Not at a	all₀ ☐ Slightl	y ₁ Moderate	ly₂ ☐ Quite a l	oit ₃ Extremely ₄	
6) Did you ha	ve chest discomfo	rt today?			
☐ Not at a	allo Slight	☐ Moderate	Severe₃ ☐ Severe₃	☐ Extreme₄	
7) Did your ch	nest feel tight today	/?			
☐ Not at a	all₀ ☐ Slightl	y ₁ Moderate	ly ₂ Severely	Extremely ₄	
8) Were you b	oreathless today?				
☐ Not at a	allo 🔲 Slightl	y ₁	ly ₂ Severely	Extremely ₄	
9) Describe h	ow breathless you	were today?			
Unawar	e of breathlessnes	SS ₀			
☐ Breathle	ess during strenuo	us activity ₁			
☐ Breathle	ess during slight a	ctivity ₂			
☐ Breathle	ess when washing	or dressing ₃			
☐ Present	t when resting4				
10) Were you	short of breath wh	nen performing your u	isual personal care ad	tivities, like washing or d	ressing?
☐ Not at a	all₀ ☐ Slightl	y ₁	ly ₂ Severely	☐ Extremely₄	
11) Were you work?	short of breath too	day when performing	your usual indoor act	vities, like cleaning or ho	usehold
☐ Not at a	allo 🔲 Slightl	y ₁	lly ₂ Severely	Extremely ₄	
12) Were you errands?	short of breath wh	nen performing your u	isual activities outside	of the house, such as ya	ard work or
☐ Not at a	ll₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ Se	everely ₃ Extreme	y ₄ Too breathless to	do these ₅
13) Were you	tired or weak toda	ay?			
☐ Not at a	ll₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ Se	everely ₃ Extreme	y ₄ Too breathless to	do these ₅
14) Last night	, was your sleep o	isturbed?			
☐ Not at a	II ₀ Slightly ₁	☐ Moderately ₂ ☐ Se	everely ₃ Extreme	y ₄ Too breathless to	do these ₅
15) How scar	ed or worried were	you about your lung	problems today?		
☐ Not at a	II₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ Se	everely ₃ Extreme	y ₄ Too breathless to	do these ₅

ID NUMBER:	Place Participal	it ID label here						
0f) DAY 52	2		I					
1) Daily Diar	y Date:	/ [
2) Did your c	hest feel cong	ested today?						
☐ Not at a	allo 🔲 S	lightly <u>1</u>		2	☐ Severely₃		Extremely ₄	
3) How often	did you cough	today?						
☐ Not at a	allo 🔲 R	arely ₁	Occasional	lly ₂	☐ Frequently ₃		Almost consta	ntly4
4) How much	mucus (phleg	ım) did you b	ring up when c	coughing	g today?			
☐ None a	t all ₀	little ₁	☐ Some₂		☐ A great dea	13	A very great de	eal ₄
5) How difficu	ılt was it to briı	ng up mucus	(phlegm) toda	y?				
☐ Not at a	allo 🔲 S	lightly ₁	Moderately	2	☐ Quite a bit₃		Extremely ₄	
6) Did you ha	ve chest disco	omfort today?						
☐ Not at a	allo S	light ₁ [Moderate ₂		☐ Severe₃] Extreme ₄	
7) Did your ch	nest feel tight t	today?						
☐ Not at a	allo 🔲 S	lightly ₁	☐ Moderately	2	☐ Severely ₃] Extremely ₄	
8) Were you l	oreathless tod	ay?						
☐ Not at a	allo 🔲 S	lightly ₁	☐ Moderately	2	☐ Severely ₃] Extremely ₄	
9) Describe h	ow breathless	you were too	day?					
Unawa	re of breathles	snesso						
☐ Breathle	ess during stre	enuous activit	ty ₁					
☐ Breathle	ess during slig	ht activity2						
☐ Breathl	ess when was	hing or dress	ing₃					
☐ Presen	t when resting	4						
10) Were you	short of breat	th when perfo	rming your us	ual pers	sonal care activi	ities, lik	e washing or d	ressing?
☐ Not at a	allo S	lightly ₁	☐ Moderately	2	☐ Severely₃		Extremely ₄	
11) Were you work?	short of breat	th today wher	n performing ye	our usu	al indoor activiti	es, like	cleaning or ho	usehold
☐ Not at a	allo S	lightly1		2	☐ Severely ₃		Extremely ₄	
12) Were you errands?	short of breat	th when perfo	rming your us	ual activ	vities outside of	the ho	use, such as ya	rd work or
☐ Not at a	ıll _o 🔲 Slightly	/1 Moder	ately ₂	erely ₃	☐ Extremely₄	□ То	o breathless to	do these ₅
13) Were you	tired or weak	today?						
☐ Not at a	ıllo 🗌 Slightly	/ ₁ Moder	ately ₂	erely ₃	☐ Extremely₄	□ То	o breathless to	do these ₅
14) Last night	t, was your sle	ep disturbed	?					
☐ Not at a	ıll <mark>o 🗌 Slightl</mark> y	/ ₁ Moder	ately ₂	erely ₃	☐ Extremely₄	□То	o breathless to	do these ₅
15) How scar	ed or worried	were you abo	out your lung p	roblems	s today?			
☐ Not at a	ıllo 🗌 Slightly	/ ₁ Moder	ately ₂	erely ₃	☐ Extremely₄	□ То	o breathless to	do these ₅

ID NUMBER:	Place Participant ID I	abel here			
0f) DAY 5	3				
1) Daily Diar	y Date:	/ 🗌 🗎 / 🗀			
2) Did your c	hest feel congeste	d today?			
☐ Not at a	allo 🔲 Slight	ly ₁ Moderate	ely ₂ Severely	√3 Extremely₄	
3) How often	did you cough tod	ay?			
☐ Not at a	allo 🔲 Rarely	√¹ ☐ Occasior	nally ₂	ntly ₃	ıstantly4
4) How much	mucus (phlegm)	did you bring up wher	n coughing today?		
☐ None a	t all₀ ☐ A little	Some ₂	☐ A great	deal₃ ☐ A very grea	at deal4
5) How difficu	llt was it to bring u	p mucus (phlegm) too	day?		
☐ Not at a	all₀ ☐ Slight	ly ₁ Moderate	ely ₂	bit ₃ Extremely ₄	
6) Did you ha	ve chest discomfo	rt today?			
☐ Not at a	allo 🔲 Slight	₁	Severe:	Extreme ₄	
7) Did your ch	nest feel tight toda	y?			
☐ Not at a	allo 🔲 Slight	ly ₁ Moderate	ely ₂ Severe	y₃	1
8) Were you l	oreathless today?				
☐ Not at a	allo Slight	ly ₁ Moderate	ely ₂ Severe	y₃	1
9) Describe h	ow breathless you	were today?			
Unawai	re of breathlessne	SS ₀			
☐ Breathle	ess during strenuc	ous activity ₁			
☐ Breathl	ess during slight a	ctivity ₂			
☐ Breathl	ess when washing	or dressing₃			
☐ Presen	t when resting4				
10) Were you	short of breath wi	nen performing your	usual personal care a	ctivities, like washing	or dressing?
☐ Not at a	_ •	-	· —	<u> </u>	
work?	_	_	_	tivities, like cleaning or	· household
☐ Not at a	•				
12) Were you errands?	short of breath wl	nen performing your (usual activities outsid	e of the house, such a	s yard work or
☐ Not at a	lll₀ ☐ Slightly₁ [☐ Moderately₂ ☐ S	everely ₃ Extreme	ely ₄	s to do these ₅
	tired or weak toda	<u> </u>	_		
			everely ₃	ely ₄ Too breathless	s to do these ₅
	t, was your sleep o	<u></u>	_	_	
			•	ely ₄ Too breathless	s to do these ₅
<u></u>		e you about your lung	<u></u>	. —	
	lll₀	_ Moderately₂	everely ₃	ely ₄ Too breathless	s to do these ₅

Place Participal	nt ID label here			
4		J		
y Date:				
hest feel cong	ested today?	•		
allo 🔲 S	lightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you cough	n today?			
allo 🔲 R	arely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
mucus (phleg	gm) did you b	oring up when coughin	g today?	
t all ₀	little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to bri	ng up mucus	(phlegm) today?		
allo 🔲 S	lightly1	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ve chest disc	omfort today?	?		
allo 🔲 S	light ₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
nest feel tight	today?			
allo S	lightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
breathless tod	lay?			
allo 🗌 S	lightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breathless	s you were to	day?		
re of breathles	ssnesso			
ess during str	enuous activ	ity ₁		
ess during sliç	ght activity2			
ess when was	shing or dress	sing₃		
t when resting	4			
short of brea	th when perfo	orming your usual per	sonal care activitie	es, like washing or dressing?
allo 🗌 S	lightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of brea	th today whe	n performing your usu	al indoor activities	s, like cleaning or household
allo S	lightly1	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of brea	th when perfo	orming your usual acti	vities outside of th	ne house, such as yard work or
all _o Slightly	y ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ı tired or weak	today?			
allo Slightly	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
t, was your sle	eep disturbed	! ?		
allo Slightl	y ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ed or worried	were you ab	out your lung problem	s today?	
allo Slightly	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
	y Date:	hest feel congested today? allo	y Date:	4 y Date:

	Place Participant ID label her	е		
ID NUMBER:	,			
0f) DAY 5	5			
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today	y?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	bring up when coughing	ng today?	
☐ None a	t all ₀	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to bring up mucu	us (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ive chest discomfort toda	y?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
7) Did your cl	hest feel tight today?			
☐ Not at a	all₀ ☐ Slightly₁		☐ Severely₃	☐ Extremely₄
8) Were you	breathless today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were	today?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous act	vity ₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dre	ssing₃		
☐ Presen	t when resting4			
10) Were you	ı short of breath when pe	rforming your usual pe	rsonal care activities	s, like washing or dressing?
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
11) Were you work?	ı short of breath today wh	en performing your us	ual indoor activities,	like cleaning or household
☐ Not at a	all₀ ☐ Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	ı short of breath when pe	rforming your usual act	tivities outside of the	e house, such as yard work or
☐ Not at a	all ₀	erately ₂	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or weak today?			
☐ Not at a	all ₀	erately ₂	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last nigh	t, was your sleep disturbe	ed?		
☐ Not at a	all ₀	erately ₂	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or worried were you a	bout your lung problem	ns today?	
☐ Not at a	all ₀	erately ₂	☐ Extremely₄ ☐	Too breathless to do these ₅

Place Participa	nt ID label here			
6				
y Date:				
hest feel cong	ested today?	?		
allo 🔲 S	slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you cough	n today?			
allo 🔲 R	tarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (phleo	gm) did you b	oring up when coughin	g today?	
t allo 🔲 A	little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to bri	ng up mucus	(phlegm) today?		
allo 🔲 S	lightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve chest disc	omfort today	?		
allo 🔲 S	light ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
nest feel tight	today?			
allo 🔲 S	lightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
oreathless too	lay?			
allo 🔲 S	slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breathless	s you were to	day?		
re of breathles	ssness ₀			
ess during str	enuous activ	ity ₁		
ess during sliç	ght activity2			
ess when was	shing or dres	sing₃		
t when resting	4			
short of brea	th when perf	orming your usual per	sonal care activitie	s, like washing or dressing?
allo 🗌 S	lightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of brea	th today whe	n performing your usu	al indoor activities	, like cleaning or household
allo 🗌 S	slightly1	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of brea	th when perf	orming your usual acti	vities outside of the	e house, such as yard work or
III ₀ Slightl	y ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
tired or weak	today?			
III ₀ Slightl	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
t, was your sle	eep disturbed	! ?		
ll₀ ☐ Slightl	y ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or worried	were you ab	out your lung problem	s today?	
III ₀ Slightl	y ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	Date:	nest feel congested today? allo	nest feel congested today? Date:	contest feel congested today? India

ID NUMBER:	Place Participant II	Diabel here				
0f) DAY 57	7					
1) Daily Diary	y Date:]/				
2) Did your cl	hest feel conges	ted today?				
☐ Not at a	all₀ ☐ SligI	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
3) How often	did you cough to	oday?				
☐ Not at a	allo 🔲 Rare	ely ₁ Oc	casionally ₂	☐ Frequently ₃	☐ Almost constantly₄	
4) How much	mucus (phlegm)) did you bring u	p when coughin	g today?		
☐ None a	t all₀ □ A litt	tle ₁ So	ome ₂	☐ A great deal		
5) How difficu	Ilt was it to bring	up mucus (phle	gm) today?			
☐ Not at a	all₀	htly ₁	oderately ₂	☐ Quite a bit₃	☐ Extremely₄	
6) Did you ha	ve chest discom	fort today?				
☐ Not at a	all₀ ☐ SligI	ht ₁ Mc	oderate ₂	☐ Severe ₃	☐ Extreme₄	
7) Did your ch	nest feel tight too	lay?				
☐ Not at a	all₀	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
8) Were you b	oreathless today	?				
☐ Not at a	allo 🔲 Sligl	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
9) Describe h	ow breathless yo	ou were today?				
Unawar	re of breathlessn	ess ₀				
☐ Breathle	ess during strent	uous activity ₁				
☐ Breathle	ess during slight	activity ₂				
☐ Breathle	ess when washir	ng or dressing ₃				
☐ Present	t when resting4					
10) Were you	short of breath	when performing	your usual pers	sonal care activit	ties, like washing or dressing?	
☐ Not at a	allo 🗌 Sligh	htly ₁	oderately ₂	☐ Severely ₃	☐ Extremely₄	
11) Were you work?	short of breath	today when perfo	orming your usu	al indoor activitie	es, like cleaning or household	
☐ Not at a	all <mark>o </mark>	htly ₁	oderately ₂	☐ Severely₃	☐ Extremely₄	
12) Were you errands?	short of breath	when performing	your usual acti	vities outside of t	the house, such as yard work o	r
☐ Not at a	III₀ ☐ Slightly₁		☐ Severely ₃	☐ Extremely₄	☐ Too breathless to do these	5
•	tired or weak to	•				
☐ Not at a	III₀ ☐ Slightly₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄	Too breathless to do these	5
14) Last night	t, was your sleep	disturbed?				
	_ ,	-			☐ Too breathless to do these	5
<u> </u>		ere you about yo			_	
☐ Not at a	III₀ ☐ Slightly₁		☐ Severely ₃	Extremely ₄	Too breathless to do these	5

Place Participan	t ID label here			
B				
y Date:	/			
hest feel conge	ested today?			
allo 🔲 Sli	ghtly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
did you cough	today?			
allo 🔲 Ra	arely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (phlegi	m) did you brir	ng up when coughin	g today?	
t allo 🔲 A l	little ₁	☐ Some₂	A great deals	A very great deal ₄
ılt was it to brin	g up mucus (p	ohlegm) today?		
allo 🔲 Sli	ghtly ₁	☐ Moderately ₂	☐ Quite a bit₃	☐ Extremely₄
ve chest disco	mfort today?			
allo 🗌 Sli	ght ₁] Moderate ₂	☐ Severe₃	☐ Extreme₄
nest feel tight to	oday?			
allo 🗌 Sli	ghtly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
oreathless toda	ay?			
allo 🗌 Sli	ghtly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow breathless	you were toda	ay?		
re of breathless	sness _o			
ess during stre	nuous activity	1		
ess during sligl	ht activity ₂			
ess when wash	ning or dressir	ng ₃		
t when resting4				
short of breath	n when perfori	ming your usual per	sonal care activiti	es, like washing or dressing?
allo 🗌 Sli	ghtly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
short of breath	n today when	performing your usu	al indoor activitie	s, like cleaning or household
allo 🗌 Sli	ghtly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of breatl	n when perfori	ming your usual acti	vities outside of t	he house, such as yard work or
ıll _o	1 Moderat	tely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
tired or weak	today?			
ıll _o	1 Moderat	tely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
t, was your slee	ep disturbed?			
ıll _o	1 Moderat	tely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
ed or worried v	vere you abou	it your lung problem	s today?	
ıll₀ ☐ Slightly	1 Moderat	tely ₂ Severely ₃	☐ Extremely₄	☐ Too breathless to do these₅
	y Date: Since the street feel congent allo Since the street disconditions are of breathless re of breathless re of breathless re of breathless during streets during streets during streets during streets when resting streets when resting streets when resting streets allo Since the street feel tight to short of breath streets during streets during streets during streets when resting streets when resting streets when resting streets allo Since the street streets allo Since the str	hest feel congested today? allo Slightly1 did you cough today? allo Rarely1 did you brid to allo A little1 dit was it to bring up mucus (pallo Slightly1 did you brid to allo Slightly1 did you breathless today? allo Slightly1 did you brid you breathless today? allo Slightly1 did you brid you be allo Slightly1 did you breathless you were today are of breathless you were today allo Slightly1 did you breathly1 did you breathly1 did you breathly1 did you breathly1 did you brid you breathly1 did you breathly1 did you brid you br	By Date:	B y Date:

	Place Participant ID label here	9		
ID NUMBER:				
0f) DAY 59	9			
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today	/?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	bring up when coughir	ng today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to bring up mucu	ıs (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ive chest discomfort today	y?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
7) Did your cl	hest feel tight today?			
☐ Not at a	all₀ ☐ Slightly₁		☐ Severely₃	☐ Extremely₄
8) Were you I	breathless today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄
9) Describe h	ow breathless you were t	oday?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous acti	vity ₁		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dre	ssing₃		
☐ Presen	t when resting4			
10) Were you	short of breath when pe	rforming your usual per	sonal care activities	s, like washing or dressing?
☐ Not at a	all ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄
11) Were you work?	ı short of breath today wh	en performing your us	ual indoor activities,	like cleaning or household
☐ Not at a	allo Slightly ₁		☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of breath when per	forming your usual act	ivities outside of the	e house, such as yard work or
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	erately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
13) Were you	ı tired or weak today?			
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	erately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
14) Last nigh	t, was your sleep disturbe	ed?		
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	erately ₂	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or worried were you a	bout your lung problem	s today?	
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	erately ₂	☐ Extremely₄ ☐] Too breathless to do these ₅

ID NUMBER:	Place Participant ID lab	el here			
0f) DAY 60)	<u></u>			
1) Daily Diary	/ Date:/				
2) Did your cl	nest feel congested	today?			
☐ Not at a	allo Slightly	☐ Moderately	Severely ₃	☐ Extremely₄	
3) How often	did you cough today	?			
☐ Not at a	allo Rarely ₁	Occasional	ly ₂ Frequently ₃	☐ Almost constantly	4
4) How much	mucus (phlegm) did	d you bring up when o	coughing today?		
☐ None a	t all ₀	☐ Some₂	☐ A great dea	al ₃ A very great deal ₄	
5) How difficu	It was it to bring up	mucus (phlegm) toda	y?		
☐ Not at a	allo Slightly:	☐ Moderately	Quite a bit	☐ Extremely₄	
6) Did you ha	ve chest discomfort	today?			
☐ Not at a	allo Slight ₁		☐ Severe₃	Extreme ₄	
7) Did your ch	nest feel tight today?	•			
☐ Not at a	allo Slightly:	☐ Moderately	Severely ₃	□ Extremely ₄	
8) Were you b	oreathless today?				
☐ Not at a	allo Slightly:	☐ Moderately	Severely ₃	□ Extremely ₄	
9) Describe h	ow breathless you v	vere today?			
Unawai	e of breathlessness	0			
☐ Breathle	ess during strenuou	s activity ₁			
☐ Breathle	ess during slight act	ivity ₂			
☐ Breathle	ess when washing c	r dressing₃			
☐ Present	t when resting4				
10) Were you	short of breath whe	n performing your us	ual personal care activ	ities, like washing or dress	sing?
☐ Not at a	allo Slightly:	☐ Moderately	Severely ₃	☐ Extremely₄	
11) Were you work?	short of breath toda	ay when performing yo	our usual indoor activit	ies, like cleaning or house	hold
☐ Not at a	allo Slightly:	☐ Moderately	∑ Severely₃	☐ Extremely₄	
12) Were you errands?	short of breath whe	n performing your us	ual activities outside of	the house, such as yard v	work or
☐ Not at a	ll₀ ☐ Slightly₁ ☐	Moderately ₂ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅
13) Were you	tired or weak today	?			
☐ Not at a	ll₀ ☐ Slightly₁ ☐	Moderately ₂ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅
14) Last night	, was your sleep dis	turbed?			
☐ Not at a	II ₀ Slightly ₁	Moderately₂ ☐ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅
15) How scar	ed or worried were y	ou about your lung p	roblems today?		
☐ Not at a	II ₀ Slightly ₁	Moderately₂ ☐ Sev	verely ₃ Extremely ₄	☐ Too breathless to do	these ₅

Place Par	ticipant ID label here			
1		_		
y Date:				
hest feel	congested today?	>		
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you c	ough today?			
all _o	☐ Rarely <u>ı</u>	☐ Occasionally₂	☐ Frequently ₃	Almost constantly ₄
mucus (p	ohlegm) did you b	oring up when coughin	g today?	
ıt all₀	☐ A little₁	Some ₂	☐ A great deal₃	☐ A very great deal₄
ult was it t	o bring up mucus	(phlegm) today?		
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ave chest	discomfort today?	?		
all _o	☐ Slight₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
hest feel t	ight today?			
all ₀	☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
breathles	s today?			
all _o	☐ Slightly₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
now breatl	hless you were to	day?		
re of brea	thlessness ₀			
less durin	g strenuous activi	ity ₁		
less durin	g slight activity2			
less when	washing or dress	sing ₃		
t when re	sting ₄			
short of	breath when perfo	orming your usual per	sonal care activities	s, like washing or dressing?
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
all _o	☐ Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
ı short of	breath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all₀ ☐ SI	lightly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or v	weak today?			
all _o	ightly₁ ☐ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was you	ur sleep disturbed	! ?		
all _o SI	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
red or wor	rried were you ab	out your lung problem	s today?	
all _o	ightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: [hest feel allo did you of allo allo hest feel to allo he short of a	hest feel congested today? allo	thest feel congested today?	ty Date:

ID NUMBER:	Place Participant	t ID label here				
0f) DAY 62	2					
1) Daily Diar	y Date:					
2) Did your c	hest feel conge	ested today?				
☐ Not at a	allo 🔲 Sli	ghtly ₁ [☐ Moderately₂	☐ Severely₃	☐ Extremely₄	
3) How often	did you cough	today?				
☐ Not at a	allo 🔲 Ra	arely ₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄	
4) How much	mucus (phlegr	m) did you br	ing up when cough	ning today?		
☐ None a	t all₀ □ A I	little ₁ [☐ Some₂	☐ A great dea	I₃ ☐ A very great deal₄	
5) How difficu	ılt was it to brin	g up mucus ((phlegm) today?			
☐ Not at a	allo 🔲 Sli	ghtly ₁ [Moderately ₂	☐ Quite a bit₃	☐ Extremely₄	
6) Did you ha	ve chest disco	mfort today?				
☐ Not at a	allo 🔲 Sli	ght <u>ı</u>	☐ Moderate₂	☐ Severe₃	☐ Extreme₄	
7) Did your cl	nest feel tight to	oday?				
☐ Not at a	allo 🔲 Sli	ghtly ₁ [☐ Moderately₂	☐ Severely₃	☐ Extremely₄	
8) Were you I	oreathless toda	ıy?				
☐ Not at a	allo 🔲 Sli	ghtly ₁ [Moderately ₂	☐ Severely ₃	☐ Extremely₄	
9) Describe h	ow breathless	you were tod	lay?			
☐ Unawa	re of breathless	sness ₀				
☐ Breathl	ess during stre	nuous activity	y 1			
☐ Breathl	ess during sligl	nt activity ₂				
☐ Breathl	ess when wash	ning or dressi	ing₃			
Presen	t when resting4					
10) Were you	short of breath	n when perfo	rming your usual p	ersonal care activi	ties, like washing or dressi	ng?
☐ Not at a	allo 🔲 Sli	ghtly ₁ [☐ Moderately₂	☐ Severely₃	□ Extremely ₄	
11) Were you work?	short of breath	n today when	performing your u	sual indoor activition	es, like cleaning or househ	old
☐ Not at a	allo 🗌 Sli	ghtly ₁ [☐ Moderately₂	☐ Severely₃	☐ Extremely₄	
12) Were you errands?	short of breath	n when perfo	rming your usual a	ctivities outside of	the house, such as yard w	ork or
☐ Not at a	III ₀ Slightly	1 Modera	ately ₂ Severely	23 Extremely ₄	☐ Too breathless to do the	1ese ₅
13) Were you	tired or weak	today?				
☐ Not at a	III ₀ Slightly	1 Modera	ately ₂ Severely	23 Extremely ₄	☐ Too breathless to do the	1ese ₅
14) Last night	t, was your slee	ep disturbed?				
☐ Not at a	ıllo Slightly	1 Modera	ately ₂ Severely	23 Extremely ₄	☐ Too breathless to do the	nese ₅
15) How scar	ed or worried v	vere you abo	ut your lung proble	ms today?		
☐ Not at a	III ₀ Slightly	1 Modera	ately ₂ Severely	23 Extremely ₄	☐ Too breathless to do the	1ese ₅

Place Particip	ant ID label here			
3		_		
y Date:				
hest feel con	gested today?	?		
allo 🔲 🤅	Slightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you coug	h today?			
allo 🔲 I	Rarely₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (phle	gm) did you b	oring up when coughin	g today?	
t all ₀	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to b	ring up mucus	(phlegm) today?		
allo 🔲 🤅	Slightly1	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ve chest disc	comfort today	?		
allo :	Slight1	☐ Moderate₂	☐ Severe₃	Extreme ₄
hest feel tight	t today?			
allo :	Slightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
breathless to	day?			
allo 🔲 🥄	Slightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ow breathles	s you were to	oday?		
re of breathle	essness ₀			
ess during st	renuous activ	ity ₁		
ess during sl	ight activity2			
ess when wa	shing or dres	sing₃		
t when restin	9 ⁴			
short of brea	ath when perf	orming your usual per	sonal care activitie	s, like washing or dressing?
allo :	Slightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of brea	ath today whe	n performing your usu	al indoor activities	, like cleaning or household
allo :	Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of brea	ath when perf	orming your usual acti	vities outside of th	e house, such as yard work or
allo 🗌 Slight	tly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ı tired or wea	k today?			
allo 🗌 Slight	tly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
t, was your s	leep disturbed	1 ?		
all₀ ☐ Slight	tly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or worried	d were you ab	out your lung problem	s today?	
all ₀	tly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date:	hest feel congested today? allo	y Date:	y Date:

ID NUMBER:	Place Parti	cipant ID label here			
0f) DAY 64	4		_		
1) Daily Diar	y Date:				
2) Did your c	hest feel c	ongested today?	•		
☐ Not at a	allo [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
3) How often	did you co	ough today?			
☐ Not at a	allo [☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (p	hlegm) did you b	ring up when coughin	g today?	
☐ None a	t all ₀	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to	bring up mucus	(phlegm) today?		
☐ Not at a	allo [☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest d	liscomfort today?	?		
☐ Not at a	allo [☐ Slight₁		☐ Severe ₃	☐ Extreme₄
7) Did your ch	hest feel ti	ght today?			
☐ Not at a	allo [☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄
8) Were you l	breathless	today?			
☐ Not at a	allo [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breath	less you were to	day?		
Unawa	re of breat	hlessnesso			
☐ Breathle	ess during	strenuous activi	ty ₁		
☐ Breathl	ess during	slight activity2			
☐ Breathle	ess when	washing or dress	sing ₃		
☐ Presen	t when res	ting ₄			
10) Were you	short of b	reath when perfo	orming your usual per	sonal care activiti	es, like washing or dressing?
☐ Not at a	allo [☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
11) Were you work?	ı short of b	reath today whe	n performing your usu	al indoor activities	s, like cleaning or household
☐ Not at a	all _o	☐ Slightly ₁		☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of b	reath when perfo	orming your usual acti	vities outside of th	ne house, such as yard work or
☐ Not at a	all <mark>o 🗌 Sli</mark> g	ghtly₁ ☐ Modeı	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
13) Were you	ı tired or w	eak today?			
☐ Not at a	all <mark>o 🗌 Sli</mark> g	ghtly₁ ☐ Modei	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
14) Last night	t, was you	r sleep disturbed	! ?		
☐ Not at a	all <mark>o 🗌 Sli</mark> g	ghtly ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
15) How scar	ed or worr	ied were you abo	out your lung problem	s today?	
☐ Not at a	allo 🗌 Slig	ghtly ₁	rately ₂ Severely ₃	☐ Extremely₄ [☐ Too breathless to do these₅

	Place Participant ID label here	•		
ID NUMBER:	•			
0f) DAY 6	5			
1) Daily Diar	y Date: /			
2) Did your c	hest feel congested today	?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	bring up when coughin	g today?	
☐ None a	ıt all₀ ☐ A little₁	☐ Some ₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to bring up mucu	s (phlegm) today?		
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ave chest discomfort today	/?		
☐ Not at a	all ₀ Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your cl	hest feel tight today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you	breathless today?			
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
9) Describe h	now breathless you were t	oday?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	vity <u>1</u>		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	ssing ₃		
☐ Presen	t when resting4			
10) Were you	short of breath when per	forming your usual per	sonal care activities	s, like washing or dressing?
☐ Not at a	all ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today wh	en performing your usu	al indoor activities,	like cleaning or household
☐ Not at a	all ₀ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	ı short of breath when per	forming your usual act	vities outside of the	house, such as yard work or
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	ı tired or weak today?			
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mode	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last nigh	t, was your sleep disturbe	d?		
☐ Not at a	all ₀ Slightly ₁ Mode	erately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
15) How scar	red or worried were you al	oout your lung problem	s today?	
☐ Not at a	all ₀ Slightly ₁ Mode	erately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these5

Place Particip	oant ID label here			
6		J		
y Date:				
hest feel cor	ngested today?	?		
all _o	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you cou	gh today?			
allo 🗌	Rarely ₁	☐ Occasionally₂	☐ Frequently₃	Almost constantly4
mucus (phl	egm) did you b	oring up when coughin	g today?	
t all ₀	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to b	oring up mucus	(phlegm) today?		
allo 🗌	Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ve chest dis	comfort today?	?		
all _o	Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel tigh	nt today?			
all _o	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
breathless to	oday?			
allo 🗌	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow breathle	ss you were to	day?		
re of breathl	essnesso			
ess during s	trenuous activ	ity ₁		
ess during s	slight activity2			
ess when wa	ashing or dress	sing₃		
t when restir	ng ₄			
short of bre	eath when perfo	orming your usual per	sonal care activitie	s, like washing or dressing?
all _o	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of bre	eath today whe	n performing your usu	al indoor activities	, like cleaning or household
all _o	Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
short of bre	eath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
allo 🗌 Sligh	ntly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ı tired or wea	ak today?			
allo 🗌 Sligh	ntly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your s	sleep disturbed	! ?		
all₀ ☐ Sligh	ntly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or worrie	d were you ab	out your lung problem	s today?	
all ₀	ntly ₁ Mode	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
	by Date:	hest feel congested today? allo	best feel congested today?	hest feel congested today? allo

ID NUMBER:	Place Participant ID I	abel here			
0f) DAY 67	7				
1) Daily Diary	y Date:	/ / _			
2) Did your cl	hest feel congeste	d today?			
☐ Not at a	allo Slightl	y ₁	ely ₂ Severel	y ₃ Extremely	4
3) How often	did you cough toda	ay?			
☐ Not at a	all₀ ☐ Rarely	Occasion Occasion	nally ₂	ntly ₃	nstantly ₄
4) How much	mucus (phlegm) c	did you bring up whe	n coughing today?		
☐ None a	t all₀ ☐ A little	Some ₂	☐ A great	deal ₃	at deal4
5) How difficu	ılt was it to bring u	p mucus (phlegm) to	day?		
☐ Not at a	allo Slightl	y ₁	ely ₂	bit ₃ Extremely	4
6) Did you ha	ve chest discomfo	rt today?			
☐ Not at a	allo Slight	☐ Moderate	Severe	Extreme ₄	
7) Did your ch	nest feel tight today	y?			
☐ Not at a	allo 🔲 Slightl	y ₁ Moderat	ely ₂	ly ₃ Extremely	/4
8) Were you b	oreathless today?				
☐ Not at a	allo 🔲 Slightl	y ₁	ely ₂	ly ₃ Extremely	/4
9) Describe h	ow breathless you	were today?			
Unawai	re of breathlessnes	SS ₀			
☐ Breathle	ess during strenuo	ous activity ₁			
☐ Breathle	ess during slight a	ctivity ₂			
☐ Breathle	ess when washing	or dressing ₃			
☐ Present	t when resting4				
10) Were you	short of breath wh	nen performing your	usual personal care a	activities, like washing	or dressing?
☐ Not at a	allo 🔲 Slightl	y ₁	ely ₂ Severel	y₃	4
11) Were you work?	short of breath too	day when performing	your usual indoor ad	ctivities, like cleaning o	or household
☐ Not at a	allo 🔲 Slightl	y ₁	ely ₂ Severel	y ₃ Extremely	4
12) Were you errands?	short of breath wh	nen performing your	usual activities outsic	le of the house, such a	as yard work or
☐ Not at a	lll₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ S	Severely ₃	ely₄ ☐ Too breathles	ss to do these ₅
13) Were you	tired or weak toda	ay?			
☐ Not at a	lll₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ S	Severely ₃	ely₄ ☐ Too breathles	ss to do these ₅
14) Last night	t, was your sleep d	listurbed?			
☐ Not at a	lll₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ S	Severely ₃ Extrem	ely ₄ Too breathles	ss to do these ₅
15) How scar	ed or worried were	you about your lung	problems today?		
☐ Not at a	lll₀ ☐ Slightly₁ ☐	☐ Moderately ₂ ☐ S	Severely ₃	ely ₄ Too breathles	ss to do these ₅

Place Pa	articipant ID label here			
8				
y Date:				
hest fee	I congested today	?		
all _o	☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄
did you	cough today?			
all _o	☐ Rarely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
mucus	(phlegm) did you b	oring up when coughin	g today?	
t allo	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it	to bring up mucus	s (phlegm) today?		
all _o	☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ve ches	t discomfort today	?		
all _o	☐ Slight ₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
nest feel	tight today?			
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
breathle	ss today?			
all _o	Slightly₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow brea	thless you were to	oday?		
re of bre	eathlessness ₀			
ess duri	ng strenuous activ	rity ₁		
ess duri	ng slight activity2			
ess whe	en washing or dres	sing₃		
t when r	esting ₄			
short o	f breath when perf	orming your usual per	sonal care activities	s, like washing or dressing?
all _o	☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄
ı short o	f breath today whe	en performing your usu	al indoor activities,	like cleaning or household
all _o	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short o	f breath when perf	orming your usual acti	vities outside of the	e house, such as yard work or
allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ı tired or	weak today?			
all _o	Slightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was yo	our sleep disturbed	1?		
allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
ed or wo	orried were you ab	out your lung problem	s today?	
all _o	Slightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
	y Date: hest fee allo did you allo mucus t allo olt was it allo ove ches allo nest feel allo oreathle allo oreathle ess duri ess duri ess when t when r short o allo short o allo clived or allo clived or cli	hest feel congested today allo Slightly1 did you cough today? allo Rarely1 mucus (phlegm) did you be allo A little1 alt was it to bring up mucus allo Slightly1 ve chest discomfort today allo Slightly1 nest feel tight today? allo Slightly1 ow breathless today? allo Slightly1 ow breathless you were to be of	hest feel congested today? Date:	A plate:

	Place Participant ID label her	re		
ID NUMBER:	,			
Of) DAY 69	9			
1) Daily Diar	y Date: /] /		
2) Did your c	hest feel congested toda	y?		
☐ Not at a	allo Slightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	ı bring up when coughi	ing today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ult was it to bring up muc	us (phlegm) today?		
☐ Not at a	allo Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ive chest discomfort toda	y?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
7) Did your cl	hest feel tight today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
8) Were you I	breathless today?			
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	Extremely ₄
9) Describe h	ow breathless you were	today?		
☐ Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous act	ivity <u>ı</u>		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dre	essing ₃		
☐ Presen	t when resting4			
10) Were you	ı short of breath when pe	rforming your usual pe	ersonal care activitie	s, like washing or dressing?
☐ Not at a	all ₀ Slightly ₁		☐ Severely ₃	☐ Extremely₄
11) Were you work?	ı short of breath today wh	nen performing your us	sual indoor activities,	like cleaning or household
☐ Not at a	allo Slightly ₁		☐ Severely ₃	☐ Extremely₄
12) Were you errands?	ı short of breath when pe	rforming your usual ac	ctivities outside of the	e house, such as yard work or
☐ Not at a	all ₀ Slightly ₁ Mod	lerately ₂	Extremely ₄	Too breathless to do these ₅
13) Were you	ı tired or weak today?			
☐ Not at a	all ₀ Slightly ₁ Mod	lerately ₂	Extremely ₄	Too breathless to do these ₅
14) Last nigh	t, was your sleep disturb	ed?		
☐ Not at a	all₀ ☐ Slightly₁ ☐ Moc	lerately ₂	Extremely ₄	Too breathless to do these ₅
15) How scar	ed or worried were you a	about your lung probler	ms today?	
☐ Not at a	all₀ ☐ Slightly₁ ☐ Mod	lerately ₂	Extremely ₄	Too breathless to do these ₅

ID NUMBER:	Place Participa	ant ID label here			
0f) DAY 70	0		1		
1) Daily Diar	y Date:				
2) Did your c	hest feel cong	gested today?	•		
☐ Not at a	allo 🔲 S	Slightly		☐ Severely₃	☐ Extremely₄
3) How often	did you coug	h today?			
☐ Not at a	allo 🔲 F	Rarelyı	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phle	gm) did you b	ring up when cough	ning today?	
☐ None a	t allo	A little ₁	Some ₂	☐ A great deal	3 ☐ A very great deal₄
5) How difficu	ılt was it to br	ing up mucus	(phlegm) today?		
☐ Not at a	allo 🔲 S	Slightly		☐ Quite a bit₃	□ Extremely ₄
6) Did you ha	ve chest disc	omfort today?	?		
☐ Not at a	allo 🗌 S	Slight ₁		☐ Severe₃	Extreme ₄
7) Did your ch	nest feel tight	today?			
☐ Not at a	allo 🗌 S	Slightly1		☐ Severely₃	☐ Extremely₄
8) Were you l	breathless too	day?			
☐ Not at a	allo 🗌 S	Slightly		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathles	s you were to	day?		
☐ Unawa	re of breathle	ssnesso			
☐ Breathle	ess during str	renuous activi	ty ₁		
☐ Breathle	ess during sli	ght activity ₂			
☐ Breathl	ess when wa	shing or dress	sing ₃		
☐ Presen	t when resting	94			
10) Were you	short of brea	ath when perfo	orming your usual p	ersonal care activit	ies, like washing or dressing?
☐ Not at a	allo S	Slightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
11) Were you work?	short of brea	ath today whe	n performing your u	sual indoor activitie	es, like cleaning or household
☐ Not at a		Slightly	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of brea	ath when perfo	orming your usual a	ctivities outside of t	the house, such as yard work or
☐ Not at a	allo 🗌 Slight	ly₁ ☐ Modei	rately ₂	23 Extremely ₄	☐ Too breathless to do these ₅
13) Were you	ı tired or weal	k today?			
☐ Not at a	all _o	ly ₁	rately ₂	√3 ☐ Extremely₄	☐ Too breathless to do these₅
14) Last night	t, was your sl	eep disturbed	l?		
☐ Not at a	all _o Slight	ly ₁	rately ₂ Severely	23 Extremely ₄	☐ Too breathless to do these ₅
<u></u>			out your lung proble —		_
☐ Not at a	all _o	ly ₁	rately ₂	2 Extremely ₄	☐ Too breathless to do these ₅

ID NUMBER:	Place Participant ID label her	e		
0f) DAY 7′	I			
1) Daily Diary	y Date: /			
2) Did your cl	hest feel congested toda	y?		
☐ Not at a	all ₀ Slightly ₁		☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all ₀ Rarely ₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you	bring up when coughi	ng today?	
☐ None a	t all₀ ☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	ılt was it to bring up mucı	us (phlegm) today?		
☐ Not at a	allo Slightly1	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort toda	y?		
☐ Not at a	all₀ ☐ Slight₁	☐ Moderate₂	☐ Severe₃	☐ Extreme₄
7) Did your ch	nest feel tight today?			
☐ Not at a	allo Slightly1		☐ Severely₃	☐ Extremely₄
8) Were you b	oreathless today?			
☐ Not at a	allo Slightly1		☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless you were	today?		
Unawai	re of breathlessnesso			
☐ Breathle	ess during strenuous act	ivity ₁		
☐ Breathle	ess during slight activity2			
☐ Breathle	ess when washing or dre	essing ₃		
☐ Present	t when resting4			
10) Were you	short of breath when pe	rforming your usual pe	ersonal care activitie	es, like washing or dressing?
☐ Not at a	allo Slightly ₁		☐ Severely₃	☐ Extremely₄
11) Were you work?	short of breath today wh	nen performing your us	ual indoor activities	s, like cleaning or household
☐ Not at a	allo Slightly ₁		☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of breath when pe	rforming your usual ac	tivities outside of th	e house, such as yard work or
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Mod	lerately ₂	Extremely ₄	☐ Too breathless to do these ₅
13) Were you	tired or weak today?			
☐ Not at a	ıll₀ ☐ Slightly₁ ☐ Mod	lerately ₂	Extremely ₄	☐ Too breathless to do these₅
14) Last night	t, was your sleep disturbe	ed?		
☐ Not at a	ll₀ ☐ Slightly₁ ☐ Mod	lerately ₂	Extremely ₄	☐ Too breathless to do these₅
15) How scar	ed or worried were you a	bout your lung probler	ns today?	
☐ Not at a	ll₀ ☐ Slightly₁ ☐ Mod	lerately ₂	Extremely ₄	☐ Too breathless to do these₅

Place Par	ticipant ID label here			
2				
y Date: [
hest feel	congested today?	?		
all₀	☐ Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you d	ough today?			
all _o	☐ Rarely₁	☐ Occasionally₂	☐ Frequently ₃	Almost constantly ₄
n mucus (į	phlegm) did you b	oring up when coughin	g today?	
at all₀	☐ A little₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it t	to bring up mucus	(phlegm) today?		
all₀	☐ Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
ave chest	discomfort today	?		
all₀	☐ Slight₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
hest feel t	tight today?			
all _o	Slightly₁		☐ Severely ₃	□ Extremely ₄
breathles	s today?			
all₀	☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄
now breat	hless you were to	oday?		
re of brea	athlessness ₀			
less durin	g strenuous activ	ity ₁		
less durin	g slight activity2			
less wher	n washing or dres	sing₃		
it when re	esting ₄			
u short of	breath when perfe	orming your usual pers	sonal care activities	s, like washing or dressing?
all₀	☐ Slightly¹	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
ı short of	breath today whe	n performing your usu	al indoor activities,	like cleaning or household
all₀	☐ Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
ı short of	breath when perf	orming your usual acti	vities outside of the	e house, such as yard work or
all _o S	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
u tired or v	weak today?			
all _o S	lightly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was you	ur sleep disturbed	1 ?		
all _o S	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
red or wo	rried were you ab	out your lung problem	s today?	
all _o S	lightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date: [hest feel allo did you of allo allo hest feel feel allo hest feel feel feel feel feel feel feel fee	hest feel congested today? allo	y Date:	y Date:

ID NUMBER:	Place Participan	it ID label here			
0f) DAY 73	3				
1) Daily Diary	/ Date:	/]/ 🗌 🗎 🗀		
2) Did your cl	nest feel conge	ested today?			
☐ Not at a	allo 🔲 SI	ightly ₁	Moderately ₂	☐ Severely ₃	☐ Extremely₄
3) How often	did you cough	today?			
☐ Not at a	allo 🔲 Ra	arely ₁	Occasionally2	☐ Frequently ₃	☐ Almost constantly₄
4) How much	mucus (phleg	m) did you brin	g up when coughin	g today?	
☐ None a	t all ₀	little ₁] Some ₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	It was it to brir	ng up mucus (p	hlegm) today?		
☐ Not at a	allo 🗌 SI	ightly ₁	Moderately ₂	☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest disco	mfort today?			
☐ Not at a		ight ₁	Moderate ₂	☐ Severe ₃	☐ Extreme₄
7) Did your ch	nest feel tight t	oday?			
☐ Not at a	allo SI	ightly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
8) Were you b	oreathless toda	ay?			
☐ Not at a		ightly ₁	Moderately ₂	☐ Severely₃	☐ Extremely₄
9) Describe h	ow breathless	you were toda	y?		
Unawar	e of breathles	sness ₀			
☐ Breathle	ess during stre	enuous activity ₁			
☐ Breathle	ess during slig	ht activity2			
☐ Breathle	ess when was	hing or dressin	g 3		
☐ Present	t when resting	4			
10) Were you	short of breat	h when perforn	ning your usual pers	sonal care activitie	s, like washing or dressing?
☐ Not at a		ightly ₁	Moderately ₂	☐ Severely ₃	☐ Extremely₄
work?		h today when p	erforming your usu	al indoor activities	, like cleaning or household
☐ Not at a		ightly ₁	Moderately ₂	☐ Severely ₃	☐ Extremely₄
12) Were you errands?	short of breat	h when perforn	ning your usual acti	vities outside of th	e house, such as yard work or
☐ Not at a	II₀ ☐ Slightly	√ ₁	ely ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	tired or weak	today?			
☐ Not at a	ll₀ ☐ Slightly	∕₁ ☐ Moderate	ely ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	, was your sle	ep disturbed?			
☐ Not at a	II₀ ☐ Slightly	√₁ ☐ Moderate	ely ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
<u>_</u>			your lung problems		_
☐ Not at a	ll₀ ☐ Slightly	√1	ely ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅

ID NUMBER:	Place Participant ID label here			
0f) DAY 74	<u> </u>			
1) Daily Diar	/ Date: / /			
2) Did your c	nest feel congested today	?		
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
3) How often	did you cough today?			
☐ Not at a	all₀ ☐ Rarely₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
4) How much	mucus (phlegm) did you b	oring up when coughin	g today?	
☐ None a	t all ₀	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
5) How difficu	It was it to bring up mucus	s (phlegm) today?		
☐ Not at a	allo Slightly ₁		☐ Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discomfort today	?		
☐ Not at a	allo Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄
7) Did your ch	nest feel tight today?			
☐ Not at a	allo Slightly ₁		☐ Severely₃	Extremely ₄
8) Were you l	oreathless today?			
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	Extremely ₄
9) Describe h	ow breathless you were to	oday?		
Unawa	re of breathlessnesso			
☐ Breathl	ess during strenuous activ	ity <u>ı</u>		
☐ Breathl	ess during slight activity2			
☐ Breathl	ess when washing or dres	sing₃		
Presen	t when resting4			
10) Were you	short of breath when perf	orming your usual per	sonal care activitie	s, like washing or dressing?
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
11) Were you work?	short of breath today whe	en performing your usu	al indoor activities	, like cleaning or household
☐ Not at a	allo Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
12) Were you errands?	short of breath when perf	orming your usual acti	vities outside of the	e house, such as yard work or
☐ Not at a	II ₀ Slightly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
13) Were you	tired or weak today?			
☐ Not at a	II ₀ Slightly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
14) Last night	, was your sleep disturbed	! ?		
☐ Not at a	II₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
15) How scar	ed or worried were you ab	out your lung problem	s today?	
☐ Not at a	II₀ ☐ Slightly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅

ID NUMBER:	Place Pa	rticipant ID label nere					
0f) DAY 7	5		_				
1) Daily Diary	y Date:						
2) Did your cl	hest feel	congested today	?				
☐ Not at a	all _o	☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄		
3) How often	did you	cough today?					
☐ Not at a	all _o	☐ Rarely₁	Occasionally ₂	☐ Frequently ₃	☐ Almost constantly₄		
4) How much	mucus	(phlegm) did you b	oring up when coughin	g today?			
☐ None a	t allo	☐ A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄		
5) How difficu	ılt was it	to bring up mucus	(phlegm) today?				
☐ Not at a	all _o	☐ Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄		
6) Did you ha	ve ches	t discomfort today	?				
☐ Not at a	allo	☐ Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄		
7) Did your ch	nest feel	tight today?					
☐ Not at a	allo	☐ Slightly ₁		☐ Severely ₃	☐ Extremely₄		
8) Were you b	B) Were you breathless today?						
☐ Not at a	all _o	☐ Slightly ₁		☐ Severely₃	☐ Extremely₄		
9) Describe h	ow brea	thless you were to	oday?				
Unawar	re of bre	athlessness ₀					
☐ Breathle	ess durii	ng strenuous activ	ity <u>ı</u>				
☐ Breathle	ess durii	ng slight activity2					
☐ Breathle	ess whe	n washing or dres	sing₃				
☐ Present	t when r	esting ₄					
10) Were you	short of	f breath when perf	orming your usual per	sonal care activities	s, like washing or dressing?		
☐ Not at a	all _o	☐ Slightly ₁		☐ Severely ₃	Extremely ₄		
11) Were you work?	short of	breath today whe	en performing your usu	al indoor activities,	like cleaning or household		
☐ Not at a	allo	☐ Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄		
12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?							
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		
13) Were you tired or weak today?							
□ Not at all ₀ □ Slightly ₁ □ Moderately ₂ □ Severely ₃ □ Extremely ₄ □ Too breathless to do these ₅							
14) Last night, was your sleep disturbed?							
☐ Not at a	all _o	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		
15) How scar	ed or wo	orried were you ab	out your lung problem	s today?			
☐ Not at a	allo 🗌 S	Slightly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		

Place Participa	nt ID label here			
6		J		
y Date:				
hest feel cong	ested today?	•		
allo 🔲 S	lightly1	☐ Moderately₂	☐ Severely₃	□ Extremely ₄
did you cough	n today?			
allo 🔲 R	arely ₁	☐ Occasionally₂	☐ Frequently ₃	☐ Almost constantly₄
mucus (phleo	gm) did you b	oring up when coughin	g today?	
t all ₀	little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ılt was it to bri	ng up mucus	(phlegm) today?		
allo 🔲 S	lightly1	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ve chest disc	omfort today?	?		
allo 🔲 S	light ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
nest feel tight	today?			
allo 🔲 S	lightly1	☐ Moderately₂	☐ Severely ₃	□ Extremely ₄
breathless tod	lay?			
allo 🔲 S	lightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ow breathless	s you were to	day?		
re of breathles	ssnesso			
ess during str	enuous activi	ity ₁		
ess during sli	ght activity ₂			
ess when was	shing or dress	sing₃		
t when resting	4			
short of brea	th when perfo	orming your usual per	sonal care activitie	es, like washing or dressing?
allo 🗌 S	lightly1	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
short of brea	th today whe	n performing your usu	al indoor activities	s, like cleaning or household
allo 🗌 S	lightly1	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
short of brea	th when perfo	orming your usual acti	vities outside of th	ne house, such as yard work or
all _o	y ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ı tired or weak	today?			
allo Slightl	y ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
t, was your sle	eep disturbed	! ?		
allo 🗌 Slightl	y ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
ed or worried	were you abo	out your lung problem	s today?	
allo Slightl	y ₁	rately ₂ Severely ₃	☐ Extremely₄ [Too breathless to do these ₅
	best feel congration of some state of breathless to deallo Show breathless to deallo Show breathless to deallo Show breathless during strees during strees during strees during strees when resting a short of breathless to deallo Show breathless to deallo Show breathless and short of breathless to deallo Show breathless during strees duri	hest feel congested today? allo	best feel congested today?	hest feel congested today? allo

Place Partic	ipant ID label here			
7		J		
y Date:				
hest feel co	ngested today?)		
allo] Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
did you cou	ugh today?			
allo _] Rarely ₁	☐ Occasionally₂	☐ Frequently₃	☐ Almost constantly₄
mucus (ph	legm) did you b	oring up when coughin	g today?	
t all ₀] A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to	bring up mucus	(phlegm) today?		
allo _] Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ve chest di	scomfort today?	?		
allo 🗀] Slight ₁		☐ Severe ₃	Extreme ₄
hest feel tig	ht today?			
allo] Slightly ₁		☐ Severely ₃	Extremely ₄
breathless t	today?			
allo _] Slightly ₁		☐ Severely ₃	☐ Extremely₄
ow breathle	ess you were to	day?		
re of breath	lessness ₀			
ess during	strenuous activi	ity <u>1</u>		
ess during	slight activity2			
ess when w	ashing or dress	sing₃		
t when rest	ing ₄			
short of br	eath when perfo	orming your usual pers	sonal care activitie	s, like washing or dressing?
allo] Slightly ₁		☐ Severely ₃	☐ Extremely₄
ı short of br	eath today whe	n performing your usu	al indoor activities	, like cleaning or household
all _o] Slightly ₁	☐ Moderately ₂	☐ Severely ₃	☐ Extremely₄
short of br	eath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
allo 🗌 Slig	htly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ı tired or we	eak today?			
allo 🗌 Slig	htly ₁	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your	sleep disturbed	! ?		
all₀ ☐ Slig	htly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
ed or worrie	ed were you ab	out your lung problem	s today?	
all ₀	htly ₁ Mode	rately ₂ Severely ₃	☐ Extremely ₄ ☐	Too breathless to do these ₅
	y Date:	hest feel congested today? allo	y Date:	y Date:

Place Particip	oant ID label here			
8				
y Date:				
hest feel cor	ngested today?	?		
all _o	Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
did you cou	gh today?			
all ₀	Rarely ₁	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄
mucus (phle	egm) did you b	oring up when coughin	g today?	
nt allo	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄
ult was it to b	ring up mucus	(phlegm) today?		
all ₀	Slightly ₁	☐ Moderately₂	☐ Quite a bit₃	☐ Extremely₄
ave chest dis	comfort today?	?		
all _o	Slight ₁	☐ Moderate₂	☐ Severe ₃	☐ Extreme₄
hest feel tigh	t today?			
all _o	Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
breathless to	oday?			
all _o	Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄
now breathles	ss you were to	day?		
re of breathle	essness ₀			
less during s	trenuous activ	ity ₁		
less during s	light activity2			
less when wa	ashing or dress	sing₃		
t when restir	ng ₄			
u short of bre	ath when perfo	orming your usual per	sonal care activities	s, like washing or dressing?
all _o	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄
ı short of bre	ath today whe	n performing your usu	al indoor activities,	, like cleaning or household
	Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄
u short of bre	ath when perfo	orming your usual acti	vities outside of the	e house, such as yard work or
all _o	tly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
u tired or wea	ak today?			
allo 🗌 Sligh	tly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
t, was your s	sleep disturbed	! ?		
all _o 🗌 Sligh	tly ₁ Mode	rately ₂ Severely ₃	Extremely ₄	Too breathless to do these ₅
red or worrie	d were you ab	out your lung problem	s today?	
all _o	tly ₁ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅
	y Date:	thest feel congested today? allo Slightly1 did you cough today? allo Rarely1 mucus (phlegm) did you be at allo A little1 alt was it to bring up mucus allo Slightly1 ave chest discomfort today? allo Slightly1 breathless today? allo Slightly1 breathless today? allo Slightly1 breathless today? allo Slightly1 breathless during strenuous activities during slight activity2 less when washing or dress to when resting4 a short of breath when perfeallo Slightly1 a short of breath today when allo Slightly1 a short of breath when perfeallo Slightly1 Mode at tired or weak today? allo Slightly1 Mode at tired or worried were you ab	y Date:	B y Date:

	Place Participant II) label bore			
ID NUMBER:	Ріасе Ра пісірані н) label fiere			
0f) DAY 7	9				
1) Daily Diar	y Date:]/			
2) Did your c	hest feel conges	ted today?			
☐ Not at a	all₀ ☐ SligI	ntly <u>1</u> Mode	erately ₂ S	Severely ₃	Extremely ₄
3) How often	did you cough to	day?			
☐ Not at a	allo 🔲 Rare	elyı 🔲 Occa	sionally ₂	Frequently3	Almost constantly4
4) How much	mucus (phlegm)	did you bring up v	hen coughing tod	lay?	
☐ None a	t all₀ ☐ A litt	le ₁ Some	9 ₂	A great deal ₃	☐ A very great deal₄
5) How difficu	ult was it to bring	up mucus (phlegm) today?		
☐ Not at a	all₀ ☐ SligI	ntly ₁	erately ₂	Quite a bit₃	☐ Extremely₄
6) Did you ha	ve chest discom	fort today?			
☐ Not at a	all₀ ☐ SligI	nt ₁ Mode	rate ₂	Severe ₃	Extreme ₄
7) Did your cl	hest feel tight too	ay?			
☐ Not at a	all₀ ☐ SligI	ntly ₁	erately ₂	Severely₃	☐ Extremely₄
8) Were you	breathless today	?			
☐ Not at a	all₀ ☐ SligI	ntly ₁	erately ₂	Severely₃	☐ Extremely₄
9) Describe h	ow breathless yo	ou were today?			
Unawa	re of breathlessn	ess ₀			
☐ Breathl	ess during strent	uous activity ₁			
☐ Breathl	ess during slight	activity ₂			
☐ Breathl	ess when washir	ng or dressing₃			
☐ Presen	t when resting4				
10) Were you	short of breath	when performing yo	our usual personal	I care activities,	like washing or dressing?
☐ Not at a	all₀ ☐ SligI	ntly ₁	erately ₂ S	Severely₃	☐ Extremely₄
11) Were you work?	short of breath	oday when perforn	ning your usual ind	door activities, l	ike cleaning or household
☐ Not at a	allo 🗌 Sligl	ntly ₁	erately ₂ S	Severely ₃	☐ Extremely₄
12) Were you errands?	short of breath	when performing yo	our usual activities	s outside of the	house, such as yard work or
☐ Not at a	all ₀ Slightly ₁	☐ Moderately ₂ [☐ Severely ₃ ☐ E	Extremely ₄	Too breathless to do these ₅
13) Were you	ı tired or weak to	day?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately ₂ [☐ Severely ₃ ☐ E	Extremely ₄	Too breathless to do these ₅
14) Last nigh	t, was your sleep	disturbed?			
☐ Not at a	all ₀ Slightly ₁	☐ Moderately ₂ [☐ Severely ₃ ☐ E	Extremely ₄	Too breathless to do these ₅
15) How scar	ed or worried we	re you about your	ung problems tod	ay?	
☐ Not at a	all ₀ Slightly ₁	☐ Moderately ₂ [☐ Severely ₃ ☐ E	Extremely ₄	Too breathless to do these ₅

Place Particip	ant ID label here					
)						
y Date:						
hest feel con	gested today	?				
allo 🔲	Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄		
did you coug	gh today?					
	Rarelyı	Occasionally ₂	☐ Frequently₃	☐ Almost constantly₄		
mucus (phle	egm) did you b	oring up when coughin	g today?			
t allo	A little ₁	☐ Some₂	☐ A great deal₃	☐ A very great deal₄		
ılt was it to b	ring up mucus	(phlegm) today?				
allo 🔲	Slightly ₁		☐ Quite a bit₃	☐ Extremely₄		
ve chest disc	comfort today	?				
	Slight ₁	☐ Moderate₂	☐ Severe ₃	Extreme ₄		
nest feel tigh	t today?					
	Slightly ₁		☐ Severely₃	☐ Extremely₄		
oreathless to	day?					
allo 🔲	Slightly ₁	☐ Moderately₂	☐ Severely₃	☐ Extremely₄		
ow breathles	ss you were to	oday?				
re of breathle	essness _o					
ess during st	trenuous activ	ity ₁				
ess during sl	light activity2					
ess when wa	ashing or dres	sing₃				
t when restin	194					
short of bre	ath when perf	orming your usual per	sonal care activitie	s, like washing or dressing?		
	Slightly ₁	☐ Moderately₂	☐ Severely ₃	☐ Extremely₄		
short of bre	ath today whe	n performing your usu	al indoor activities	, like cleaning or household		
allo 🔲	Slightly ₁	☐ Moderately ₂	☐ Severely₃	☐ Extremely₄		
12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?						
ll₀ ☐ Sligh	tly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		
13) Were you tired or weak today?						
ll₀ ☐ Sligh	tly₁ ☐ Mode	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		
t, was your s	leep disturbed	d?				
ll₀ ☐ Sligh	tly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		
ed or worried	d were you ab	out your lung problem	s today?			
ll₀ ☐ Sligh	tly ₁	rately ₂ Severely ₃	☐ Extremely₄ ☐	Too breathless to do these ₅		
	Date:	nest feel congested today allo	nest feel congested today? Date:	nest feel congested today?		