## LEICESTER COUGH QUESTIONNAIRE

This questionnaire is designed to assess the impact of cough on various aspects of your life. Read each question carefully and answer by CIRCLING the response that best applies to you. Please answer ALL questions, as honestly as you can. 1. In the last 2 weeks, have you had chest or stomach pains as a result of your cough? A little of the time All of the time Most of the time A good bit of the time Some of the time Hardly any of the time None of the time 2. In the last 2 weeks, have you been bothered by sputum (phlegm) production when you cough? Rarely Every time Most times Several times Sometimes Occasionally Never 3. In the last 2 weeks, have you been tired because of your cough? A little of the time All of the time A good bit of the time Hardly any of the time None of the time Most of the time Some of the time 4. In the last 2 weeks, have you felt in control of your cough? None of the time Hardly any of the time Some of the time A good bit of the time Most of the time All of the time 5. How often during the last 2 weeks have you felt embarrassed by your coughing? Most of the time All of the time A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 6. In the last 2 weeks, my cough has made me feel anxious. A good bit of the time Hardly any of the time All of the time Most of the time Some of the time A little of the time None of the time 7. In the last 2 weeks, my cough has interfered with my job, or other daily tasks. Some of the time All of the time Most of the time A good bit of the time A little of the time Hardly any of the time None of the time 8. In the last 2 weeks, I felt that my cough interfered with the overall enjoyment of my life. All of the time Most of the time A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 9. In the last 2 weeks, exposure to paints or fumes has made me cough. A good bit of the time Some of the time A little of the time Hardly any of the time None of the time All of the time Most of the time 10. In the last 2 weeks, has your cough disturbed your sleep? A good bit of the time All of the time Most of the time Some of the time A little of the time Hardly any of the time None of the time 11. In the last 2 weeks, how many times a day have you had coughing attacks? All of the time Most times during Sometimes during Occasionally through None Several times during Rarely (continuously) the day the day the day the day 12. In the last 2 weeks, my cough has made me feel frustrated. All of the time Most of the time A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 13. In the last 2 weeks, my cough has made me feel fed up. All of the time Most of the time A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 14. In the last 2 weeks, have you suffered from a hoarse voice as a result of your cough? All of the time Most of the time A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 15. In the last 2 weeks, have you had a lot of energy? None of the time Hardly any of the time A little of the time Some of the time A good bit of the time Most of the time All of the time 16. In the last 2 weeks, have you worried that your cough may indicate a serious illness? All of the time Most of the time A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 17. In the last 2 weeks, have you been concerned that other people think something is wrong with you, because of your cough? A good bit of the time All of the time Most of the time Some of the time A little of the time Hardly any of the time None of the time 18. In the last 2 weeks, my cough has interrupted conversation or telephone calls. Every time Most times A good bit of the time Some of the time A little of the time Hardly any of the time None of the time 19. In the last 2 weeks, I feel that my cough has annoyed my partner, family or friends. Every time I cough Most times when Several times when Sometimes when Occasionally when Rarely Never I cough I cough I cough I cough Thank you for completing this questionnaire.