

## MARKO

### Screening Questionnaire

Identification: \_\_\_\_\_ Date of birth (MM/YYYY): \_\_\_\_\_ Sex: M W

#### Instructions

This questionnaire will give us the insight into your health and physical status and your breathing problems. Fill-in the questionnaire by encircling the letter in front of only one answer for each question that describes best your status.

#### Questions

1. Have you been coughing during preceding **3 months**?
  - a) No
  - b) Yes, but only during cold or respiratory infection
  - c) Yes, 2 or 3 times each month
  - d) Yes, many times each month
  - e) Almost every day
2. Have you expectorated during preceding **3 months**?
  - a) No
  - b) Yes, but only during cold or respiratory infection
  - c) Yes, 2 or 3 times each month
  - d) Yes, many times each month
  - e) Almost every day
3. Have you experienced being breathless during preceding **3 months**?
  - a) No
  - b) Yes, but only during cold or respiratory infection
  - c) Yes, 2 or 3 times each month
  - d) Yes, many times each month
  - e) Almost every day
4. Have you had a severe cold with cough or bronchitis during preceding **12 months**?
  - a) No
  - b) 1 to 2 times
  - c) 3 to 4 times
  - d) 5 or more times
5. Have you used antibiotics for a severe cold with cough or bronchitis during preceding **12 months**?
  - a) No
  - b) 1 to 2 times
  - c) 3 to 4 times
  - d) 5 or more times
6. How do you assess you breathing?
  - a) No problems whatsoever.
  - b) A little problems with breathing.
  - c) Moderate problems with breathing.
  - d) A lot of problems with breathing.
7. Do you fill breathless during these activities:
  7. Sitting, lying down, rest
    - a) No breathlessness
    - b) Mildly breathless
    - c) Moderately breathless
    - d) Severely breathless
  8. Everyday activities like dressing up
    - a) No breathlessness
    - b) Mildly breathless
    - c) Moderately breathless
    - d) Severely breathless
  9. Walking on the same level
    - a) No breathlessness
    - b) Mildly breathless
    - c) Moderately breathless
    - d) Severely breathless
  10. Climbing to the first floor level
    - a) No breathlessness
    - b) Mildly breathless
    - c) Moderately breathless
    - d) Severely breathless

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**Questions**

11. Climbing uphill
- a) No breathlessness
  - b) Mildly breathless
  - c) Moderately breathless
  - d) Severely breathless
12. Strenuous physical activity
- a) No breathlessness
  - b) Mildly breathless
  - c) Moderately breathless
  - d) Severely breathless
13. Do your problems with breathing interfere with activities that you like?
- a) No
  - b) Yes, with one or two activities
  - c) Yes, with several activities
  - d) Yes, with all activities
14. When compared with most of your peers, how do you tolerate mild exertion (e.g. walking)?
- a) Better or comparable
  - b) Somewhat worse than most
  - c) Significantly worse than most
  - d) Much worse than most
15. When compared with most of your peers, how do you tolerate moderate exertion (e.g. sports activities)?
- a) Better or comparable
  - b) Somewhat worse than most
  - c) Significantly worse than most
  - d) Much worse than most
16. When compared with most of your peers, how fast you become tired?
- a) Slower or comparable
  - b) Somewhat faster than most
  - c) Significantly faster than most
  - d) Much faster than most
17. How do you rate your health?
- a) Excellent
  - b) Very good
  - c) Satisfactory
  - d) Unsatisfactory
18. How do you rate you breathing?
- a) Excellent
  - b) Very good
  - c) Satisfactory
  - d) Unsatisfactory