Morning Activities and Symptoms Questionnaires (MASQ)

Original UK English version

1. At what time did you wake up this morning?

|__|__| hours : |__|__| minutes

Thinking of your chest condition, please complete the following question by selecting the box that best represents your opinion.
There are no right or wrong answers.

2a. Did you get out of bed this morning?

- ❑ Yes I did it by myself
  → *Complete next question*
- ❑ Yes, but I needed help to get out of bed
  → *Complete next question*
- ❑ No, I was unable to get out of bed
- ❑ No, I did not get out of bed for other reasons

2b. How difficult was it for you to get out of bed this morning?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

2c. At what time did you get out of bed?

|__|__| hours : |__|__| minutes

Global Chest Symptoms Questionnaire (GCSQ)

Please complete the following two questions on your symptoms by selecting the box that best represents your opinion.
There are no right or wrong answers.

1. How <u>short of breath</u> are you feeling right now?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

2. How <u>tight</u> does your chest feel right now?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

Capacity of Daily Living during the Morning (CDLM)

Thinking of your chest condition, please complete the following questions by selecting the box that best represents your opinion.
There are no right or wrong answers.

1a. Did you wash yourself this morning other than your face i.e. body wash, shower or bathe?

- ❑ Yes I did it by myself
  → *Complete next question*
- ❑ Yes, but I needed help to wash myself
  → *Complete next question*
- ❑ No,I was unable to wash myself
  → *Go to question 3a*
- ❑ No,I did not wash myself this morning for other reasons
  → *Go to question 3a*

Thinking of your chest condition

1b. How difficult was it for you to wash yourself this morning other than your face i.e. body wash, shower or bathe?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

2a. Did you dry yourself with a towel after washing this morning?

- ❑ Yes I did it by myself
  → *Complete next question*
- ❑ Yes, but I needed help to dry myself
  → *Complete next question*
- ❑ No, I was unable to dry myself
- ❑ No, I did not dry myself for other reasons

Thinking of your chest condition

2b. How difficult was it for you to dry yourself with a towel after washing this morning?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

3a. Did you get dressed this morning?

- ❑ Yes, I did it by myself
  → *Complete next question*
- ❑ Yes, but I needed help to get dressed
  → *Complete next question*
- ❑ No, I was unable to dress by myself
- ❑ No, I did not get dressed for other reasons

Thinking of your breathlessness

3b. How difficult was it for you to get dressed this morning?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

4a. Did you eat breakfast this morning?

- ❑ Yes, I did
  → *Complete next question*
- ❑ No, I was unable to eat breakfast
- ❑ No, I did not eat breakfast for other reasons

Thinking of your breathlessness

4b. How difficult was it for you to eat breakfast this morning?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

5a. Did you walk around your home early this morning after taking your medicine?

- ❑ Yes, I did
  → *Complete next question*
- ❑ No, I was unable to walk around my home
- ❑ No, I did not walk around my home for other reasons

Thinking of your chest condition

5b. How difficult was it for you to walk around your home early this morning after taking your medicine?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

6a. Did you walk around your home later this morning?

- ❑ Yes, I did
  → *Complete next question*
- ❑ No, I was unable to walk around my home
- ❑ No, I did not walk around my home for other reasons

Thinking of your chest condition

6b. How difficult was it for you to walk around your home later this morning?

- ❑ Not at all
- ❑ A little
- ❑ Moderately
- ❑ Very
- ❑ Extremely

7. At what time had you finished your morning activities (e.g. washing, dressing, eating breakfast)?

|__|__| hours : |__|__| minutes

Thinking of your chest condition

8. Were you more active this morning compared to yesterday?

- ❑ Yes, much more
- ❑ Yes, a little more
- ❑ About the same
- ❑ No, a little less
- ❑ No, much less