Leicester Cough Questionnaire

Name: _____ **Age:** _____

Gender: _____ **Date:** _____ dd / mm / yyyy

In the past 2 weeks...

1. Have you had chest or stomach pains as a result of your cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

2. Have you been bothered by sputum (phlegm) production when you cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

3. Have you been tired because of your cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

4. Have you felt in control of your cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

5. How often have you felt embarrassed by your coughing?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

6. Has your cough made you feel anxious?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

7. Has your cough interfered with your job, or other daily tasks?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

8. Have you felt that your cough interfered with the overallenjoyment of your life?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

9. Has exposure to paints or fumes made you cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

10. Has your cough disturbed your sleep?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

11. How many times a day have you had coughing bouts?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

12. Has your cough made you feel frustrated?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

13. Has your cough made you feel fed up?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

14. Have you suffered from a hoarse voice as a result of your cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

15. Have you had a lot of energy?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

16. Have you worried that your cough may indicate serious illness?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

17. Have you been concerned that other people think something is wrong with you, because of your cough?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

18. Has your cough interrupted conversation of telephone calls?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

19. Do you feel that your cough has annoyed your partner, family or friends?

- ◯ 1 - All the time
- ◯ 2 - Most of the time
- ◯ 3 - A good bit of the time
- ◯ 4 - Some of the time
- ◯ 5 - A little a bit of the time
- ◯ 6 - Hardly any of the time
- ◯ 7 - None of the time

RESULTS

Physical

Psychological

Social

Total