

# Welcome to the Bronchiectasis clinic – please complete this form while you wait for your appointment and hand to your Doctor/Nurse when called.

This questionnaire will help you and your healthcare professional to measure the impact that **Bronchiectasis** is having on your wellbeing and daily life. Your answers and test score can be used by you and your healthcare professional to help improve the management of your **Bronchiectasis** and gain the greatest benefit from the treatment.

For each item below, place a mark (X) in the box that best describes your current situation. Please ensure that you only select one response to each question.

Example: I am very happy 

	X			
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 I am very sad 

SCORE
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I never cough	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	I cough all the time	
1	2	3	4	5				
I have no phlegm (mucus) on my chest at all	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	My chest is full of phlegm (mucus)	
1	2	3	4	5				
My chest does not feel tight at all	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	My chest feels very tight	
1	2	3	4	5				
When I walk up a flight of stairs I am not out of breath	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	When I walk up a hill or a flight of stairs I am completely out of breath	
1	2	3	4	5				
I am not limited to doing any activities at home	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	I am completely limited to doing all activities at home	
1	2	3	4	5				
I am confident leaving my home despite my lung condition	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	I am not confident leaving my home at all because of my lung condition	
1	2	3	4	5				
I sleep soundly	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	I do not sleep soundly because of my lung condition	
1	2	3	4	5				
I have lots of energy	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr></table>	1	2	3	4	5	I have no energy at all	
1	2	3	4	5				

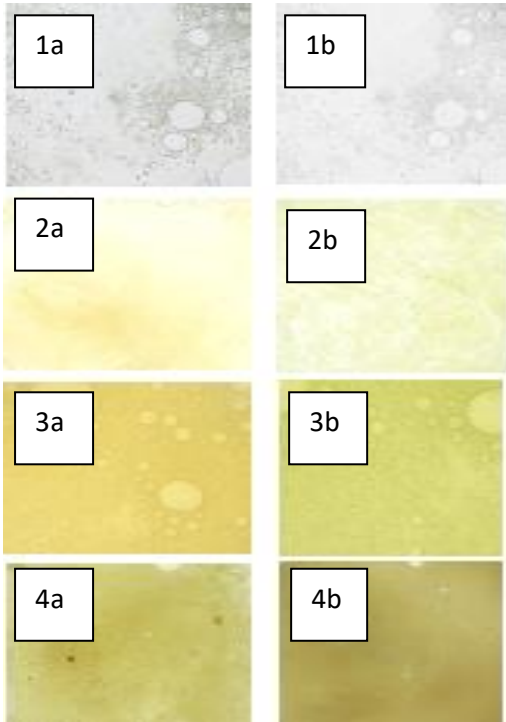
<b>Total score</b>	
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**Please turn over**

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while you wait for your appointment and hand to your  
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My usual daily sputum is (please tick  
colour it is most like below)  
Roughly \_\_\_\_\_ teaspoons in volume.



My CURRENT sputum is (please tick  
colour it is most like below)  
Roughly \_\_\_\_\_ teaspoons in volume.



How many courses of antibiotics have you had for your **BRONCHIECTASIS** in the past year?.....

Have you had your annual flu vaccination this year? Y/N

Are you up to date with covid 19 vaccinations? Y/N

**Please indicate your level of breathlessness – circle the number that most represents your symptoms**

1. Not troubled by breathlessness except on strenuous exercise
2. Short of breath when hurrying or walking up a slight hill
3. Walks slower than contemporaries on level ground because of breathlessness or has to stop for breath when walking at own pace
4. Stops for breath after walking about 100m or after a few minutes on level ground
5. Too breathless to leave the house, or breathless when dressing or undressing

**Thank you**