CFQ-UK

Adolescents and Adults (Patients 14 Years Old and Older)

CYSTIC FIBROSIS QUESTIONNAIRE - REVISED

Understanding the impact of your illness and treatments on your everyday life can help your healthcare team keep track of your health and adjust your treatments. For this reason, this questionnaire was specifically developed for people who have cystic fibrosis. Thank you for your willingness to complete this form.

Instructions: The following questions are about the current state of your health, as you perceive it. This information will allow us to better understand how you feel in your everyday life.

Please answer all the questions. There are **no** right or wrong answers! If you are not sure how to answer, choose the response that seems closest to your situation.

Section I. Demographics

Please fill-in the information or tick the box indicating your answer.

A. What is your date of birth?

Date ☐☐ ☐☐ ☐☐☐☐
Day Month Year

B. What is your gender?

☐ Male ☐ Female

C. During the **past two weeks**, have you been on holiday or out of school or work for reasons **NOT** related to your health?

☐ Yes ☐ No

D. What is your current marital status?

- ☐ Single/never married
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Remarried
- ☐ With a partner

E. Which of the following best describes your racial background?

- ☐ White - UK
- ☐ White - other
- ☐ Indian/ Pakistani
- ☐ Chinese/ Asian
- ☐ African
- ☐ Caribbean
- ☐ Other [not represented above or people whose predominant origin cannot be determined/ mixed race]
- ☐ Prefer not to answer this question

F. What is the highest level of education you have completed?

- ☐ Some secondary school or less
- ☐ GCSEs/ O-levels
- ☐ A/AS-levels
- ☐ Other higher education
- ☐ University degree
- ☐ Professional qualification or post-graduate study

G. Which of the following best describes your current work or school status?

- ☐ Attending school outside the home
- ☐ Taking educational courses at home
- ☐ Seeking work
- ☐ Working full or part time (either outside the home or at a home-based business)
- ☐ Full time homemaker
- ☐ Not attending school or working due to my health
- ☐ Not working for other reasons

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Section II. Quality of Life

Please tick the box indicating your answer.

*During the past **two weeks**, to what extent have you had difficulty:*	A lot of difficulty	Some difficulty	A little difficulty	No difficulty
1. Performing vigorous activities such as running or playing sports	☐	☐	☐	☐
2. Walking as fast as others	☐	☐	☐	☐
3. Carrying or lifting heavy things such as books, shopping, or school bags	☐	☐	☐	☐
4. Climbing one flight of stairs	☐	☐	☐	☐
5. Climbing stairs as fast as others	☐	☐	☐	☐

***During the past two weeks**, indicate how often:*	Always	Often	Sometimes	Never
6. You felt well	☐	☐	☐	☐
7. You felt worried	☐	☐	☐	☐
8. You felt useless	☐	☐	☐	☐
9. You felt tired	☐	☐	☐	☐
10. You felt full of energy	☐	☐	☐	☐
11. You felt exhausted	☐	☐	☐	☐
12. You felt sad	☐	☐	☐	☐

Please circle the number indicating your answer. Please choose only one answer for each question.

*Thinking about the state of your health over the last **two weeks**:*

13. To what extent do you have difficulty walking?
1. You can walk a long time without getting tired
2. You can walk a long time but you get tired
3. You cannot walk a long time because you get tired quickly
4. You avoid walking whenever possible because it's too tiring for you

14. How do you feel about eating?
1. Just thinking about food makes you feel sick
2. You never enjoy eating
3. You are sometimes able to enjoy eating
4. You are always able to enjoy eating

15. To what extent do your treatments make your daily life more difficult?
1. Not at all
2. A little
3. Moderately
4. A lot

16. How much time do you currently spend each day on your treatments?
1. A lot
2. Some
3. A little
4. Not very much

17. How difficult is it for you to do your treatments (including medications) each day?
1. Not at all
2. A little
3. Moderately
4. Very

18. How do you think your health is now?
1. Excellent
2. Good
3. Fair
4. Poor

Please select a box indicating your answer.

*Thinking about your health during the past **two weeks**, indicate the extent to which each sentence is true or false for you.*	Very true	Somewhat true	Somewhat false	Very false
19. I have trouble recovering after physical effort	☐	☐	☐	☐
20. I have to limit vigorous activities such as running or playing sports	☐	☐	☐	☐
21. I have to force myself to eat	☐	☐	☐	☐
22. I have to stay at home more than I want to	☐	☐	☐	☐
23. I feel comfortable discussing my illness with others	☐	☐	☐	☐
24. I think I am too thin	☐	☐	☐	☐
25. I think I look different from others my age	☐	☐	☐	☐
26. I feel bad about my physical appearance	☐	☐	☐	☐
27. People are afraid that I may be contagious	☐	☐	☐	☐
28. I get together with my friends a lot	☐	☐	☐	☐
29. I think my coughing bothers others	☐	☐	☐	☐
30. I feel comfortable going out at night	☐	☐	☐	☐
31. I often feel lonely	☐	☐	☐	☐
32. I feel healthy	☐	☐	☐	☐
33. It is difficult to make plans for the future (for example, going to college, getting married, getting promoted at work, etc.)	☐	☐	☐	☐
34. I lead a normal life	☐	☐	☐	☐

Section III. School, Work, or Daily Activities

Questions 35 to 38 are about school, work, or other daily tasks.

35. To what extent did you have trouble keeping up with your schoolwork, professional work, or other daily activities during the past **two weeks**?

1. You have had no trouble keeping up
2. You have managed to keep up but it's been difficult
3. You have been behind
4. You have not been able to do these activities at all

36. How often were you absent from school, work, or unable to complete daily activities during the last two weeks because of your illness or treatments?

☐ Always ☐ Often ☐ Sometimes ☐ Never

37. How often does CF get in the way of meeting your school, work, or personal goals?

☐ Always ☐ Often ☐ Sometimes ☐ Never

38. How often does CF interfere with getting out of the house to run errands such as shopping or going to the bank?

☐ Always ☐ Often ☐ Sometimes ☐ Never

Section IV. Symptom Difficulties

Please select a box indicating your answer.

*Indicate how you have been feeling during the past **two weeks**.*	A great deal	Somewhat	A little	Not at all
39. Have you had trouble gaining weight?	☐	☐	☐	☐
40. Have you been congested?	☐	☐	☐	☐
41. Have you been coughing during the day?	☐	☐	☐	☐
42. Have you had to cough up mucus?	☐	☐	☐	☐

Go to Question 44

43. Has your mucus been mostly: ☐ Clear ☐ Clear to yellow ☐ Yellowish-green ☐ Green with traces of blood ☐ Don't know

*How often during the past **two weeks:***	Always	Often	Sometimes	Never
44. Have you been wheezing?	☐	☐	☐	☐
45. Have you had trouble breathing?	☐	☐	☐	☐
46. Have you woken up during the night because you were coughing?	☐	☐	☐	☐
47. Have you had problems with wind?	☐	☐	☐	☐
48. Have you had diarrhoea?	☐	☐	☐	☐
49. Have you had abdominal pain?	☐	☐	☐	☐
50. Have you had eating problems?	☐	☐	☐	☐

Please make sure you have answered all the questions.

THANK YOU FOR YOUR COOPERATION!