

Trial ID.....

Breathlessness, Cough and Sputum Scale

PLEASE COMPLETE IN THE EVENING BEFORE GOING TO BED

Please enter the day:

Please record the date:

HOW MUCH DIFFICULTY DID YOU HAVE BREATHING TODAY? (circle one)

- | | |
|---|---|
| None – unaware of any difficulty | 0 |
| Mild – noticeable during strenuous activity (e.g. running) | 1 |
| Moderate – noticeable during light activity (e.g. bed making) | 2 |
| Marked – noticeable when washing or dressing | 3 |
| Severe – almost constant, present even when resting | 4 |

HOW WAS YOUR COUGH TODAY? (circle one)

- | | |
|--|---|
| None – unaware of coughing | 0 |
| Rare – cough now and then | 1 |
| Occasional – less than hourly | 2 |
| Frequent – one or more times an hour | 3 |
| Almost constant – never free of cough or need to cough | 4 |

HOW MUCH TROUBLE WAS YOUR SPUTUM TODAY? (circle one)

- | | |
|---|---|
| None – unaware of any difficulty | 0 |
| Mild – rarely caused problem | 1 |
| Moderate – noticeable as a problem | 2 |
| Marked – caused a great deal of inconvenience | 3 |
| Severe – an almost constant problem | 4 |