



Exacerbation Substudy Daily Symptom Diary

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0a) Date of Entry: / /

0b) Staff Code:

0c) Start Date of Daily Diary: / /

0d) End Date of Daily Diary: / /

0e) Date of Exacerbation Substudy Follow-up Visit: / /

Participant Instructions: *This diary should be completed daily for the next 56 days (or daily until you return for the Exacerbation substudy follow-up visit). The daily diary takes approximately 5-10 minutes to complete each day. As you answer the 15 questions each day, please select the option that best describes your experience. Return this completed diary to the Study Coordinator at the Exacerbation substudy follow-up visit.*

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 1

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 2

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 3

1) Daily Diary Date: / /

2) Did your chest feel congested today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

3) How often did you cough today?

- Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄

4) How much mucus (phlegm) did you bring up when coughing today?

- None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄

5) How difficult was it to bring up mucus (phlegm) today?

- Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄

6) Did you have chest discomfort today?

- Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄

7) Did your chest feel tight today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

8) Were you breathless today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

9) Describe how breathless you were today?

- Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄

10) Were you short of breath when performing your usual personal care activities, like washing or dressing?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

13) Were you tired or weak today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

14) Last night, was your sleep disturbed?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

15) How scared or worried were you about your lung problems today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 4

1) Daily Diary Date: / /

2) Did your chest feel congested today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

3) How often did you cough today?

- Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄

4) How much mucus (phlegm) did you bring up when coughing today?

- None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄

5) How difficult was it to bring up mucus (phlegm) today?

- Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄

6) Did you have chest discomfort today?

- Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄

7) Did your chest feel tight today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

8) Were you breathless today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

9) Describe how breathless you were today?

- Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄

10) Were you short of breath when performing your usual personal care activities, like washing or dressing?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

13) Were you tired or weak today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

14) Last night, was your sleep disturbed?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

15) How scared or worried were you about your lung problems today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 5

1) Daily Diary Date: / /

2) Did your chest feel congested today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

3) How often did you cough today?

- Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄

4) How much mucus (phlegm) did you bring up when coughing today?

- None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄

5) How difficult was it to bring up mucus (phlegm) today?

- Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄

6) Did you have chest discomfort today?

- Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄

7) Did your chest feel tight today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

8) Were you breathless today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

9) Describe how breathless you were today?

- Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄

10) Were you short of breath when performing your usual personal care activities, like washing or dressing?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

13) Were you tired or weak today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

14) Last night, was your sleep disturbed?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

15) How scared or worried were you about your lung problems today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 6

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 7

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 8

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 9

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 10

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 11

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 12

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 13

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 14

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 15

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 16

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 17

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 18

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 19

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 20

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 21

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 22

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 23

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 24

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 25

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 26

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 27

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 28

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 29

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 30

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 31

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 32

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 33

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 34

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 35

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 36

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 37

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 38

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 39

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 40

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 41

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 42

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 43

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 44

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 45

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 46

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 47

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 48

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 49

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 50

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 51

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 52

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 53

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 54

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 55

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 56

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 57

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 58

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 59

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

Of) DAY 60

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 61

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 62

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 63

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 64

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 65

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 66

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 67

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 68

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 69

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 70

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 71

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 72

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 73

1) Daily Diary Date: / /

2) Did your chest feel congested today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

3) How often did you cough today?

- Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄

4) How much mucus (phlegm) did you bring up when coughing today?

- None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄

5) How difficult was it to bring up mucus (phlegm) today?

- Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄

6) Did you have chest discomfort today?

- Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄

7) Did your chest feel tight today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

8) Were you breathless today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

9) Describe how breathless you were today?

- Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄

10) Were you short of breath when performing your usual personal care activities, like washing or dressing?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄

12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

13) Were you tired or weak today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

14) Last night, was your sleep disturbed?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

15) How scared or worried were you about your lung problems today?

- Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 74

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 75

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 76

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 77

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 78

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 79

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅

ID NUMBER:	<i>Place Participant ID label here</i>
------------	--

0f) DAY 80

- 1) Daily Diary Date: / /
- 2) Did your chest feel congested today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 3) How often did you cough today?
 Not at all₀ Rarely₁ Occasionally₂ Frequently₃ Almost constantly₄
- 4) How much mucus (phlegm) did you bring up when coughing today?
 None at all₀ A little₁ Some₂ A great deal₃ A very great deal₄
- 5) How difficult was it to bring up mucus (phlegm) today?
 Not at all₀ Slightly₁ Moderately₂ Quite a bit₃ Extremely₄
- 6) Did you have chest discomfort today?
 Not at all₀ Slight₁ Moderate₂ Severe₃ Extreme₄
- 7) Did your chest feel tight today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 8) Were you breathless today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 9) Describe how breathless you were today?
 Unaware of breathlessness₀
 Breathless during strenuous activity₁
 Breathless during slight activity₂
 Breathless when washing or dressing₃
 Present when resting₄
- 10) Were you short of breath when performing your usual personal care activities, like washing or dressing?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 11) Were you short of breath today when performing your usual indoor activities, like cleaning or household work?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄
- 12) Were you short of breath when performing your usual activities outside of the house, such as yard work or errands?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 13) Were you tired or weak today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 14) Last night, was your sleep disturbed?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅
- 15) How scared or worried were you about your lung problems today?
 Not at all₀ Slightly₁ Moderately₂ Severely₃ Extremely₄ Too breathless to do these₅