LEICESTER COUGH QUESTIONNAIRE

Patient Name: ___________________________________________ Date: __________________________

This questionnaire is designed to assess the impact of cough on various aspects of your life. Read each question carefully and answer with the best response that applies to you. Please answer ALL questions as honestly as you can.

<table>
<thead>
<tr>
<th>1=all the time</th>
<th>2=most of the time</th>
<th>3=a good bit of the time</th>
<th>4=some of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5=a little bit of the time</td>
<td>6=hardly any of the time</td>
<td>7=none of the time</td>
<td></td>
</tr>
</tbody>
</table>

1) In the last 2 weeks, have you had chest or stomach pains as a result of your cough?
2) In the last 2 weeks, have you been bothered by sputum (phlegm) production when you cough?
3) In the last 2 weeks, have you been tired because of your cough?
4) How often during the last 2 weeks have you felt embarrassed by your coughing?
5) In the last 2 weeks, my cough has made me feel anxious
6) In the last 2 weeks, my cough has interfered with my job or other daily tasks
7) In the last 2 weeks, I felt that my cough interfered with the overall enjoyment of my life
8) In the last 2 weeks, exposure to paint or fumes has made me cough
9) In the last 2 weeks, has your cough disturbed your sleep?
10) In the last 2 weeks, how many times a day have you had a coughing bout?
11) In the last 2 weeks, my cough has made me feel frustrated
12) In the last 2 weeks, my cough has made me feel fed up
13) In the last 2 weeks, have you suffered from a hoarse voice as a result of your cough?
14) In the last 2 weeks, have you worried that your cough may indicate serious illness?
15) In the last 2 weeks, have you been concerned that other people think something is wrong with you, because of your cough?
16) In the last 2 weeks, my cough has interrupted conversation or telephone calls
17) In the last 2 weeks, I feel that my cough has annoyed my partner, family, or friends

<table>
<thead>
<tr>
<th>1=none of the time</th>
<th>2=hardly any of the time</th>
<th>3=a little of the time</th>
<th>4=some of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>5=a good bit of the time</td>
<td>6=most of the time</td>
<td>7=all of the time</td>
<td></td>
</tr>
</tbody>
</table>

18) In the last 2 weeks, have you felt in control of your cough?
19) In the last 2 weeks, have you had a lot of energy?

FOR OFFICE USE

PH_______ / 8 =_______
PS_______ / 7 =_______
SO_______ / 4 =_______

Total Score________/19 =_______