

Supplementary material 1: RECEIVER COPD Patient-web portal questionnaires

COPD Patient App v5.0

Patient Reported Outcome Flows

Daily

Symptom diary

1. How are you feeling today?
 - (1) Better than usual
 - (2) Normal/usual
 - (3) Worse than usual
 - (4) Much worse than usual

2. How is your breathing today?
 - (1) Better than usual
 - (2) Normal/usual
 - (3) Worse than usual
 - (4) Much worse than usual

3. Do you have a cold or flu today?
 - Yes
 - No

CAT (score /40)

4. (0) I never cough
 - (1)
 - (2)
 - (3)
 - (4)
 - (5) I cough all the time

5. (0) I have no phlegm (mucus) in my chest at all
 - (1)
 - (2)
 - (3)
 - (4)
 - (5) My chest is completely full of phlegm (mucus)

Symptom diary additional questions

How difficult is it to bring up phlegm when you cough?

- (1) Not difficult
- (2) A little difficult
- (3) Quite difficult
- (4) Very difficult

What consistency is your phlegm?

- (1) Watery
- (2) Sticky liquid
- (3) Semi-solid
- (4) Solid

What colour is your phlegm?

- (1) White
- (2) Yellow
- (3) Green
- (4) Dark green

6. (0) My chest does not feel tight at all

- (1)
- (2)
- (3)
- (4)
- (5) My chest feels very tight

7. (0) When I walk up a hill or one flight of stairs I am not breathless

- (1)
- (2)
- (3)
- (4)
- (5) When I walk up a hill or one flight of stairs I am very breathless

8. (0) I am not limited doing any activities at home

- (1)
- (2)
- (3)
- (4)
- (5) I am very limited doing activities at home

9. (0) I am confident leaving my home despite my lung condition

- (1)
- (2)
- (3)
- (4)
- (5) I am not at all confident leaving my home because of my lung condition

10. (0) I sleep soundly

- (1)
- (2)
- (3)
- (4)
- (5) I don't sleep soundly because of my lung condition

11. (0) I have lots of energy

- (1)
- (2)
- (3)
- (4)
- (5) I have no energy at all

Weekly

Symptom diary

1. How are you feeling today?
 - (1) Better than usual
 - (2) Normal/usual
 - (3) Worse than usual
 - (4) Much worse than usual

2. How is your breathing today?
 - (1) Better than usual
 - (2) Normal/usual
 - (3) Worse than usual
 - (4) Much worse than usual

3. Do you have a cold or flu today?
 - Yes
 - No

4. Have you increased your usual breathing treatment this week? (e.g. inhalers, nebulisers, tablets)
 - Yes
 - No

5. Have you taken antibiotics this week?
 - Yes
 - No

6. Have you visited your GP this week?
 - Yes
 - No

7. Have you visited your hospital doctor this week?
 - Yes
 - No

CAT (score /40) (For each of the following questions, please select the number that best describes you currently.)

8. (0) I never cough
 - (1)
 - (2)
 - (3)
 - (4)
 - (5) I cough all the time

9. (0) I have no phlegm (mucus) in my chest at all
 - (1)
 - (2)
 - (3)
 - (4)
 - (5) My chest is completely full of phlegm (mucus)

Symptom diary additional questions

How difficult is it to bring up phlegm when you cough?

- Not difficult
- A little difficult
- Quite difficult
- Very difficult

What consistency is your phlegm?

- Watery
- Sticky liquid
- Semi-solid
- Solid

What colour is your phlegm?

- White
- Yellow
- Green
- Dark green

10. (0) My chest does not feel tight at all

(1)

(2)

(3)

(4)

(5) My chest feels very tight

11. (0) When I walk up a hill or one flight of stairs I am not breathless

(1)

(2)

(3)

(4)

(5) When I walk up a hill or one flight of stairs I am very breathless

12. (0) I am not limited doing any activities at home

(1)

(2)

(3)

(4)

(5) I am very limited doing activities at home

13. (0) I am confident leaving my home despite my lung condition

(1)

(2)

(3)

(4)

(5) I am not at all confident leaving my home because of my lung condition

14. (0) I sleep soundly

(1)

(2)

(3)

(4)

(5) I don't sleep soundly because of my lung condition

15. (0) I have lots of energy

(1)

(2)

(3)

(4)

(5) I have no energy at all

MRC (score /4)

Please tick in the box that applies to you (one box only):

1. I only get breathless with strenuous exercise

1. I get short of breath when hurrying on the level or walking up and slight hill

2. I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level

3. I stop for breath after walking about 100 yards or after a few minutes on the level

4. I am too breathless to leave the house or I am breathless when dressing

Every 4th week

Symptom diary

16. How are you feeling today?

- (1) Better than usual
- (2) Normal/usual
- (3) Worse than usual
- (4) Much worse than usual

17. How is your breathing today?

- (1) Better than usual
- (2) Normal/usual
- (3) Worse than usual
- (4) Much worse than usual

18. Do you have a cold or flu today?

- Yes
- No

19. Have you increased your usual breathing treatment this week? (e.g. inhalers, nebulisers, tablets)

- Yes
- No

20. "Have you taken a rescue pack or an acute course of antibiotics or steroids prescribed by a doctor for your COPD this week? *This does not include long-term antibiotics.*"?

- Yes
- No

21. Have you visited your GP this week?

- Yes
- No

22. Have you visited your hospital doctor this week?

- Yes
- No

CAT (score /40) (For each of the following questions, please select the number that best describes you currently.)

23. (0) I never cough

- (1)
- (2)
- (3)
- (4)
- (5) I cough all the time

24. (0) I have no phlegm (mucus) in my chest at all

- (1)
- (2)
- (3)
- (4)

(5) My chest is completely full of phlegm (mucus)

Symptom diary additional questions

How difficult is it to bring up phlegm when you cough?

- Not difficult
- A little difficult
- Quite difficult
- Very difficult

What consistency is your phlegm?

- Watery
- Sticky liquid
- Semi-solid
- Solid

What colour is your phlegm?

- White
- Yellow
- Green
- Dark green

25. (0) My chest does not feel tight at all

(1)

(2)

(3)

(4)

(5) My chest feels very tight

26. (0) When I walk up a hill or one flight of stairs I am not breathless

(1)

(2)

(3)

(4)

(5) When I walk up a hill or one flight of stairs I am very breathless

27. (0) I am not limited doing any activities at home

(1)

(2)

(3)

(4)

(5) I am very limited doing activities at home

28. (0) I am confident leaving my home despite my lung condition

(1)

(2)

(3)

(4)

(5) I am not at all confident leaving my home because of my lung condition

29. (0) I sleep soundly

(1)

(2)

- (3)
(4)
(5) I don't sleep soundly because of my lung condition

30. (0) I have lots of energy
(1)
(2)
(3)
(4)
(5) I have no energy at all

MRC (score /4)

Please tick in the box that applies to you (one box only):

1. I only get breathless with strenuous exercise
1. I get short of breath when hurrying on the level or walking up and slight hill
2. I walk slower than people of the same age on the level because of breathlessness or have to stop for breath when walking at my own pace on the level
3. I stop for breath after walking about 100 yards or after a few minutes on the level
4. I am too breathless to leave the house or I am breathless when dressing

Every month we are asking some additional research questions to help us understand the impact of COPD on your quality of life. These questions will take a further couple of minutes, but can be skipped if you prefer (*with opt in/out click option*)

Quality of Life (EQ5D)

Mobility

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

Self-care

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

Usual activities (e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities.

Pain/discomfort

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort

- I have severe pain or discomfort
- I have extreme pain or discomfort

Anxiety/depression

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

