

Appendix 1: CAP score questionnaire*

Question	level	coding
1. Are you today (XXth day of the evaluation) bothered by shortness of breath when		
	sitting still	<input type="checkbox"/> yes <input type="checkbox"/> no
	walking around the house/ward	<input type="checkbox"/> yes <input type="checkbox"/> no
	washing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no
	walking in the street	<input type="checkbox"/> yes <input type="checkbox"/> no
	taking a shower	<input type="checkbox"/> yes <input type="checkbox"/> no
	walking the stairs	<input type="checkbox"/> yes <input type="checkbox"/> no
2. If you were to give a mark on a 1 to 5 scale expressing the severity of your shortness of breath at the moment, which mark would that be?		
	not at all short of breath (1)	<input type="checkbox"/>
	slightly short of breath (2)	<input type="checkbox"/>
	fairly short of breath (3)	<input type="checkbox"/>
	substantially short of breath (4)	<input type="checkbox"/>
	terribly short of breath (5)	<input type="checkbox"/>
3a. Do you cough?		
	no (skip questions 3b, c and d)	<input type="checkbox"/>
	only in the morning, when getting up	<input type="checkbox"/>
	now and then, all through the day	<input type="checkbox"/>
	frequently, all through the day	<input type="checkbox"/>
3b. Do you cough up sputum? (amount of sputum by 24 hrs)		
	no	<input type="checkbox"/>
	less than 2 spoons	<input type="checkbox"/>
	more than 2 spoons	<input type="checkbox"/>
	half a cup or more	<input type="checkbox"/>
3c. Do you cough up the sputum with ease?		
	not bothered by sputum	<input type="checkbox"/>
	with ease	<input type="checkbox"/>
	fairly difficult	<input type="checkbox"/>
	very difficult	<input type="checkbox"/>
3d. What is the color of the sputum?		
	did not pay attention/no sputum	<input type="checkbox"/>
	transparent	<input type="checkbox"/>
	white	<input type="checkbox"/>
	green, yellow or brown	<input type="checkbox"/>
4. When the following statement is correct, please check the leftmost box, the less you agree with the statement, one of the boxes on the right can be ticked off		
I feel fit	yes, that is correct	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> no, that is not correct
5. If you were to give a mark on a 1 to 5 scale expressing your general state of health at the moment, which mark would that be?		
	excellent (1)	<input type="checkbox"/>
	good (2)	<input type="checkbox"/>
	fair (3)	<input type="checkbox"/>
	poor (4)	<input type="checkbox"/>
	very poor (5)	<input type="checkbox"/>

*Translated from Dutch.