

Appendix 2: CAP score calculation scheme

Item*	Quantification	CAP	Respiratory	Well being
Shortness of breath				
walking the stairs	<input type="checkbox"/> yes 1			
taking a shower	<input type="checkbox"/> yes 1			
walking in the street	<input type="checkbox"/> yes 1			
washing/dressing	<input type="checkbox"/> yes 1			
walking around the house/ward	<input type="checkbox"/> yes 1			
sitting still	<input type="checkbox"/> yes 1			
	0	<input type="checkbox"/> 6		
subtotal (sum)	1	<input type="checkbox"/> -2	→ _____	→ _____
	2-3	<input type="checkbox"/> -6		
	4-6	<input type="checkbox"/> -8		
Severity of shortness of breath				
not at all short of breath (1)	<input type="checkbox"/> 7			
slightly short of breath (2)	<input type="checkbox"/> -2			
fairly short of breath (3)	<input type="checkbox"/> -8	→ _____	→ _____	
substantially short of breath (4)	<input type="checkbox"/> -11			
terribly short of breath (5)	<input type="checkbox"/> -13			
Cough				
No	<input type="checkbox"/> 9			
only in the morning, when getting up	<input type="checkbox"/> -6			
now and then, all through the day	<input type="checkbox"/> -6	→ _____	→ _____	
frequently, all through the day	<input type="checkbox"/> -12			
Cough up sputum				
None	<input type="checkbox"/> 7			
less than 2 spoons	<input type="checkbox"/> -8			
more than 2 spoons	<input type="checkbox"/> -13	→ _____	→ _____	
half a cup or more	<input type="checkbox"/> -16			
Cough up sputum with ease				
no sputum	<input type="checkbox"/> 7			
with ease	<input type="checkbox"/> -9			
fairly difficult	<input type="checkbox"/> -10	→ _____	→ _____	
very difficult	<input type="checkbox"/> -10			
Colour of sputum				
did not pay attention/no sputum	<input type="checkbox"/> 8			
transparent	<input type="checkbox"/> -8			
white	<input type="checkbox"/> -8	→ _____	→ _____	
green, yellow or brown	<input type="checkbox"/> -14			
Feeling fit				
yes, that is correct	<input type="checkbox"/> 12			
	<input type="checkbox"/> 4			
	<input type="checkbox"/> 0	→ _____		→ _____
	<input type="checkbox"/> -6			
no, that is not correct	<input type="checkbox"/> -11			
General state of health				
excellent (1)	<input type="checkbox"/> 14			
good (2)	<input type="checkbox"/> 8			
moderate (3)	<input type="checkbox"/> -1	→ _____		→ _____
poor (4)	<input type="checkbox"/> -9			
very poor (5)	<input type="checkbox"/> -15			
Raw total	(sum)	_____ (A)	_____ (B)	_____ (C)

SCALE TRANSFORMATION

CAP SCORE	= (A + 99) / 1.69	_____
RESPIRATORY SCORE	= (B + 73) / 1.17	_____
WELL BEING CORE	= (C + 26) / 0.52	_____

