Appendix A The Assessment Of Burden Of COPD (ABC) Scale Supplemental files

On average, during the past week, how often did you	ı feel:						
	Never	Hardly ever	A few times	Several times	Many times	A great many times	Almost all the time
1 Short of breath at rest?							
2 Short of breath doing physical activities?							
3 Concerned about getting a cold or your breathing getting worse?							
4 Depressed (down) because of your breathing problems?							
In general, during the past week, how much of the til	me:						
	Never	Hardly ever	A few times	Several times	Many times	A great many times	Almost all the time
5 Did you cough?							
6 Did you produce phlegm?							
On average, during the past week, how limited were	you in these ac	ctivities bec	ause of you	r breathing	problems:		
	Not limited at all	Very slightly limited	Slightly limited	Modera tely limited	Very limited	Extreme ly limited	Totally limited/ or unable to do
7 Strenuous physical activities (such as climbing stairs hurrying, doing sports)?	s, 🗆						
8 Moderate physical activities (such as walking, house work, carrying things)?							
9 Daily activities at home (such as dressing, washing yourself)?							
10 Social activities (such as talking, being with children visiting friends/relatives)?	η, 🗆						
How often in the past week did you suffer from:							
	Never	Hardly ever	A few times	Several times	Many times	A great many	Almost all the
						times	time
11 Worry?						times	time
12 Listlessness?							
-							