

**APPENDIX ONE – Effect of Intervention Period Questionnaire**

Participant ID: \_\_\_\_\_ Date: \_\_\_\_\_ Visit No: \_\_\_\_\_

Completed session: **A** or **B****Has the amount of sputum that you would have cleared in the same time period changed by doing this session?**

- Significantly increased
- Slightly increased
- No change
- Slightly decreased
- Significantly decreased

**Has your breathing changed after this session?**

- Significantly easier
- Slightly easier
- No change
- Slightly harder
- Significantly harder