Leicester Cough Questionnaire

Patient name:		Age:	Gender:		Date:		
	1 All the time	2 Most of the time	3 A good bit of the time	4 Some of the time	5 A little a bit of the time	6 Hardly any of the time	7 None of the time
1. Have you had chest or stomach pains as a result of your cough?							
2. Have you been bothered by sputum (phlegm) production when you cough?							
3. Have you been tired because of your cough?							
4. Have you felt in control of your cough?							
5. How often have you felt embarrassed by your coughing?							
6. Has your cough made you feel anxious?							
7. Has your cough interfered with your job, or other daily tasks?							
8. Have you felt that your cough interfered with the overall enjoyment of your life?							
9. Has exposure to paints or fumes made you cough?							
10. Has your cough disturbed your sleep?							
11. How many times a day have you had coughing bouts?							
12. Has your cough made you feel frustrated?							

In the past 2 weeks	1 All the time	2 Most of the time	3 A good bit of the time	4 Some of the time	5 A little a bit of the time	6 Hardly any of the time	7 None of the time
13. Has your cough made you feel fed up?							
14. Have you suffered from a hoarse voice as a result of your cough?							
15. Have you had a lot of energy?							
16. Have you worried that your cough may indicate serious illness?							
17. Have you been concerned that other people think something is wrong with you, because of your cough?							
18. Has your cough interrupted conversation of telephone calls?							
19. Do you feel that your cough has annoyed your partner, family or friends?							
Results							
Physical:							
Psychological:							
Social:							
Total:							

Birring, S. S., Prudon, B., Carr, A. J., Singh, S. J., Morgan, M. D. L., & Pavord, I. D. (2003). Development of a symptom specific health status measure for patients with chronic cough: Leicester Cough Questionnaire (LCQ). Thorax, 58(4), 339–343. <u>https://doi.org/10.1136/thorax.58.4.339</u>