**Additional file 1: Assessment of Burden of Chronic Conditions (ABCC-) scale**

***Generic questionnaire***

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| Dear Sir/Madam,With this questionnaire, we would like to get an impression of how you are doing. During consultation with your healthcare provider, you can talk about the topics that are important to you. **These questions are related to the chronic condition(s) for which you are visiting the healthcare provider.** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | In the past week, how often …  | 0Never | 1Hardly ever | 2A few times | 3Several times | 4Many times | 5A great many times | 6Almost all the time |
| **G1** | did you suffer from **fatigue**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **G2** | did you have a poor **night’s rest**?  | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **G3** | did you suffer from sadness, fear, frustration, shame or other **unpleasant feelings?** | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **G4** | did you experience taking **medication** (e.g. tablets, puffs, insulin) as a burden? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |

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|  | In the past week, to what extent … | 0Not at all | 1Very slightly | 2Slightly | 3Moderatly | 4Very | 5Extremely | 6Totally |
| **G5** | were you limited in **strenuous physical activities** (such as climbing stairs, hurrying, participating in sports)? | □ | □ | □ | □ | □ | □ | □ |
| **G6** | were you limited in **moderate physical activities** (such as walking, housework, carrying things)? | □ | □ | □ | □ | □ | □ | □ |
| **G7** | were you limited in **daily activities at home** (such as dressing, washing yourself) | □ | □ | □ | □ | □ | □ | □ |
| **G8** | were you limited in your **work and/or** **social activities** (short trip, visiting friends and familie)? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **G9** | did you **worry about your future**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **G10** | were you troubled with **intimacy and sexuality?** | **□** | **□** | **□** | **□** | **□** | **□** | **□** |

**See below for additional questions per condition**

***Additional questions for COPD***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | In the past week, how often …  | 0Never | 1Hardly ever | 2A few times | 3Several times | 4Many times | 5A great many times | 6Almost all the time |
| **C11** | did you feel short of breath while **at rest**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **C12** | did you feel short of breath while **doing physical activities**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **C13** | did you feel **concerned** about getting a cold or your breathing getting worse?  | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **C14** | did you **cough**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **C15** | did you **produce sputum or phlegm (chest mucus)**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |

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| --- | --- | --- |
| C16 | In the past 12 months, how many prednisone and/or antibiotic treatments have you had for your lung disease? | □ 0 prednisone and/or antibiotic treatments□ 1 prednisone and/or antibiotic treatment□ 2 prednisone and/or antibiotic treatments□ 3 prednisone and/or antibiotic treatments□ 4 or more prednisone and/or antibiotic treatments |

***Additional questions for asthma***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | In the past week, to what extent … | 0Not at all | 1Very slightly | 2Slightly | 3Moderatly | 4Very | 5Extremely | 6Totally |
| **A11** | did you suffer from asthma complaints in the **morning**? | □ | □ | □ | □ | □ | □ | □ |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | In the past week, how often …  | 0Never | 1Hardly ever | 2A few times | 3Several times | 4Many times | 5A great many times | 6Almost all the time |
| **A12** | did you **wake up** during the night because of your asthma complaints? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **A13** | did you feel **short of breath** due to your asthma? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **A14** | did you feel **concerned** about getting a cold or your breathing getting worse? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **A15** | did you suffer from a **blocked nose, itchy nose, sneezing, or a runny nose**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |

|  |  |  |
| --- | --- | --- |
| A16 | How many puffs/inhalations have you used in addition to your regular asthma medication in the past week?  | □ None□ 1-2 puffs/inhalations□ 3-6 puffs/inhalations□ 7 or more puffs/inhalations |
| **A17** | In the past **12 months**, how many **prednisone and/or antibiotic treatments** have you had for your lung disease? | □ 0 prednisone and/or antibiotic treatments□ 1 prednisone and/or antibiotic treatment□ 2 prednisone and/or antibiotic treatments□ 3 prednisone and/or antibiotic treatments□ 4 or more prednisone and/or antibiotic treatments |

***Additional questions for type 2 Diabetes Mellitus***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | In the past month, how often …  | 0Never | 1Hardly ever | 2A few times | 3Several times | 4Many times | 5A great many times | 6Almost all the time |
| **D11** | did you suffer from complaints that could be associated with a low blood sugar level (**hypo**) (e.g. dizziness, shaking, blurred vision, excessive sweating)? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **D12** | did you worry about your **blood sugar levels**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **D13** | did you suffer from tingling or a numb feeling or a burning feeling or pain in **the lower legs or feet**? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |
| **D14** | did you experience difficulty managing your **eating and drinking** because of your diabetes? | **□** | **□** | **□** | **□** | **□** | **□** | **□** |

***Lifestyle-related questions***

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| --- |
| **The following questions relate to your lifestyle** |

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| --- | --- | --- |
|  | In the past week, how many days have you had moderately intense physical exercise for 30 minutes or more?E.g. walking or cycling in a fast paceIt may also be a minimum of 3x10 minutes | □ 0 days□ 1-2 days□ 3-4 days□ 5 days or more |
|  | How many glasses of **alcohol** did you drink in the past week? | … glasses per week |
|  | Do you **smoke** or have you smoked? | **□** Yes. In the last week, how many (shag)cigarettes have you smoked on average per day? \_\_\_\_\_\_\_\_\_\_\_**□** Previously. Stopped smoking since: \_\_\_\_ (month) / \_\_\_\_ (year) **□** Never |
|  | What is your weight? | ………… kg |
|  | What is your height? | ………… cm |

|  |  |
| --- | --- |
|  | Is there anything else you would like to discuss or would like to receive more information about? |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Additional file 1:*** *the Assessment of Burden of Chronic Conditions (ABCC-) scale. The scale is built with the set of generic questions, a set of lifestyle questions and one or more sets of disease-specific questions. These sets of questions are combined for the participant, who only sees one questionnaire that is adapted to his/her condition. The scale is developed and tested in Dutch language. The presented translation is intended to support the manuscript, but not to be used in research or practice prior to linguistic validation, nor is it validated for English-speaking patients. Moreover, the ABCC-scale should always be used together with the visualization and treatment advice as present in the ABCC-tool.*