Questionnaire: Evaluating primary care doctors practice and perception on the management of chronic cough in Malaysia (Version 2 : 18TH SEPTEMBER 2024)

Section A : Socio demographic details

1. What is your age?

_____

2. Please select your gender.

- Male
- Female

3. How long have you been practicing as a doctor? (in years)

_____

4. What is your current job position

- Consultant
- Specialist
- Post graduate trainee
- Medical officer

5. Where is your current place of practice?

- Government health clinic
- Private health clinic
- Primary care clinic in university hospital

6. How many adult patients with chronic cough do you see in the past one week (estimate number)

_____

Section B : Organizational support

7. Do you use have a chest radiography facility at your health clinic?

- Yes
- No

8. Do you have a spirometry testing at your health clinic?

- Yes
- No

9. Is there a referral flow between your clinic and a tertiary care hospital for patients with chronic cough who require further evaluation?

- Yes
- No

10. Have you attended any courses, training or workshop in managing chronic cough?

- Yes
- No

11. Which reference do you use when managing chronic cough?

- **European Respiratory Society Guidelines (ERS) guideline on chronic cough**
- **British Thoracic Society (BTS) guideline on chronic cough**
- **Global Intitiative for Chronic Obstructive Lung Disease (GOLD)**
- **Global Intitiative for Asthma**
- **Allergic Rhinitis and its Impact on Asthma (ARIA)**
- **American College of Gastroeneterology guidelines (ACG)**
- **UptoDAte**
- **Medscape**
- **Google**
- **Consult others**
- **None of the above**

Section C: Perception on Chronic Cough

For the rest of the questions in this survey please consider only your adult (18 years or older) patients and use the definition of chronic cough as *a cough that lasts eight weeks or longer*.

12. Please select how much you agree or disagree with each statement below.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly Agree (5)
Chronic cough is a diagnosis	○	○	○	○	○
Chronic cough is a symptom of an underlying disease	○	○	○	○	○

Patients with chronic cough usually get better over time without treatment	○	○	○	○	○
There is not much that can be done for patients' complaints about chronic cough	○	○	○	○	○
	○	○	○	○	○
Most unexplained cough in adults is psychogenic and should be evaluated by mental/behavioral health	○	○	○	○	○
Patients with chronic cough usually get worse over time without treatment					

13. Please select how much you agree or disagree with each statement below.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
I have a good understanding of the mechanisms and underlying conditions causing chronic cough	○	○	○	○	○
Family Medicine should be primarily responsible for management of patients with chronic cough	○	○	○	○	○
I feel confident in my ability to evaluate and treat chronic cough	○	○	○	○	○
Chronic cough is a frequent problem in primary care	○	○	○	○	○

Section D: Practice in Managing Patients with Chronic Cough

14. I decide the cough is chronic based on its:
Duration (choose one):
□ More than 2 weeks
□ More than 3 weeks
□ More than 8 weeks
□ More than 3 months
□ Other (please specify): _____
15.Number of days per week a person coughs (choose one):
□ 5 to 7 days a week
□ 3 to 4 days a week
□ 1 to 2 days a week
□ Is not relevant
16.Phlegm/Sputum (choose one):
□ Must be present
□ Is not relevant
17.Effect on patient's daily life (choose one):
□ Must be noticeable
□ Is not relevant

18. What do you most frequently use to describe a chronic cough that persists despite assessment and treatment according to current guidelines? (Select one)
o Unexplained
o Refractory
o Idiopathic
o Persistent
o Psychogenic
o Habit
o Tic
o Other (please specify): _____

19. Please choose from below reasons why patients with chronic cough seek care in your clinic? (You can pick more than one option)

- ☐ _____ Patient cannot tolerate it anymore
- ☐ _____ Patient's family cannot tolerate it anymore
- ☐ _____ Patient concerns that it is cancer or something serious
- ☐ _____ Negative effects on work or school
- ☐ _____ Negative effects on physical health (e.g., headaches, poor sleep, vomiting, wetting/soiling pants, pain)
- ☐ _____ Stigma and self-consciousness
- ☐ _____ Other (please specify)

20. How frequently do your patients report that they have experienced the following due to their chronic cough?

	Never (1)	Rarely (2)	Half of the time (3)	Often (4)	Very Often (5)
Loss of bladder control (urinary incontinence)	○	○	○	○	○
Chest pain	○	○	○	○	○
Sleep disturbances	○	○	○	○	○
Headaches	○	○	○	○	○
Vomiting	○	○	○	○	○
Fractured ribs	○	○	○	○	○
Anxiety	○	○	○	○	○
Depression	○	○	○	○	○
Stigma that any cough is COVID-19	○	○	○	○	○
Social embarrassment or being uncomfortable in public	○	○	○	○	○
Difficulties with speaking on the phone or in-person	○	○	○	○	○

21. How would you rate the following areas for the majority of your patients with chronic cough?

	Poor (1)	Fair (2)	Average (3)	Good (4)	Excellent (5)
Adherence to recommended medication treatments	○	○	○	○	○
Adherence to recommended physical and psychological interventions such as speech therapy, behavioral suppression, respiratory retraining and other self-management techniques	○	○	○	○	○
Engagement in shared decision making	○	○	○	○	○
Adherence to recommended follow-up visits	○	○	○	○	○
Willingness to purchase medications that is not available in the clinic	○	○	○	○	○
Willingness to seek tertiary care when referred	○	○	○	○	○

22. How often do you use the following in evaluating and diagnosing chronic cough?

	Not at all useful (1)	Slightly useful (2)	Moderately useful (3)	Very useful (4)	Extremely useful (5)	Do not use (6)
a)Medical History:						
Lifestyle	○	○	○	○	○	○
Profession/Occupation	○	○	○	○	○	○
Smoking	○	○	○	○	○	○
Exposure to environmental irritants	○	○	○	○	○	○
Medication history (ACE/ARBs)	○	○	○	○	○	○
Other	○	○	○	○	○	○
b)Diagnostics/Testing:						
Blood tests	○	○	○	○	○	○
Physical examination	○	○	○	○	○	○
Pulmonary function studies	○	○	○	○	○	○
Chest radiography/Chest x-ray	○	○	○	○	○	○
Chest CT scans	○	○	○	○	○	○
Allergy assessments	○	○	○	○	○	○
Sinus CT scans	○	○	○	○	○	○
Spirometry, if asthma is suspected	○	○	○	○	○	○
Cardiac echo	○	○	○	○	○	○
c)Referral/Treatment/ Management						
Referral to a specialist	○	○	○	○	○	○
Trial of intranasal steroid	○	○	○	○	○	○
Trial of inhaled corticosteroid	○	○	○	○	○	○
Trial of inhaled bronchodilator	○	○	○	○	○	○

Trial of proton pump inhibitors						
Trial of mucolytics						
Trial of stopping offending medication						
Trial of anti-histamines	○	○	○	○	○	○
Treating for Tuberculosis						
Optimizing heart failure medications						

23. To what extent do the approaches listed below describe the way you assess and treat chronic cough?

	Does not describe me at all (1)	Describes me slightly (2)	Describes me mostly (3)	Describes me completely (4)
I conduct my evaluation in phases, starting with medical history and few diagnostic tests with several trials of medications before I order more expensive tests or refer to a specialist	○	○	○	○
I refer all or most patients with chronic cough to a specialist for full evaluation	○	○	○	○
I try to assess and treat the upper airway cough syndrome first and consider more expensive and invasive tests for those who are not improving	○	○	○	○
I assess where chronic cough is in level of importance in relation to other issues and needs of the patient	○	○	○	○
I try to assess for and to rule out most common causes of chronic cough through tests and trials of medications before I refer to a specialist	○	○	○	○

I follow evidence-based guidelines for management of chronic cough (CPG/ GINA/GOLD)	○	○	○	○

24. To what extent would education in the following areas be beneficial to you?

	Not at all beneficial (1)	Slightly beneficial (2)	Beneficial (3)	Mostly beneficial (4)	Very beneficial (5)
Evidence-based practices for management of chronic cough	○	○	○	○	○
Treatment options for chronic cough	○	○	○	○	○
Effects of chronic cough on patient's well-being	○	○	○	○	○
Recommended diagnostic tests	○	○	○	○	○
Patient education and communication strategies	○	○	○	○	○
Shared decision making	○	○	○	○	○

25. What factors do you consider when you evaluate (or assess) if your treatment for chronic cough is working for patients? (Select all that apply)

- ☐ Patient's satisfaction with treatment
- ☐ Symptom resolution
- ☐ Adverse events
- ☐ Effects of cough on important life domains such as physical functioning, sleep, mood, etc.
- ☐ Patient's adherence to treatment
- ☐ Economic factors such as treatment affordability or out of pocket expenses for the patient

26. How often do you refer your patients to the following specialists or services?

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always(5)
Respiratory Physician	○	○	○	○	○
Allergist	○	○	○	○	○
Gastroenterologist	○	○	○	○	○
Oncologist	○	○	○	○	○
Internal Medicine/ Infectious Disease	○	○	○	○	○
Otorhinolaryngology	○	○	○	○	○
Speech therapy	○	○	○	○	○
Behavioral therapy	○	○	○	○	○

27. How satisfied are you with the following referral flow ? :

	Not at all satisfied (1)	Slightly satisfied (2)	Satisfied (3)	Mostly satisfied (4)	Very satisfied (5)
The availability of specialists in your area	○	○	○	○	○
The access to specialists in your areas	○	○	○	○	○
Effectiveness of co-management process between you and a specialist for your patients with chronic cough	○	○	○	○	○
Communications and information sharing	○	○	○	○	○
Treatment recommendations provided by the specialist	○	○	○	○	○

28. How do you communicate with other specialists and services in the area? (Select all that apply)

- ☐ Referral letters
- ☐ Phone call often initiated by me
- ☐ Phone call often initiated by the specialist
- ☐ Informal consultations
- ☐ Post-visit letters
- ☐ Document sent by email
- ☐ None of the above

29. What are the barriers to providing comprehensive management of chronic cough,at your clinic?

_____

_____

_____

30. Please list your most pressing needs related to chronic cough evaluation, investigation and treament.

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