

- A16** How many **puffs/inhalations** have you used None
in addition to your regular asthma 1-2 puffs/inhalations
 medication in the past week? 3-6 puffs/inhalations
 7 or more puffs/inhalations

Additional questions for type 2 Diabetes Mellitus

In the past <u>month</u> , how often ...	0 Never	1 Hardly ever	2 A few times	3 Several times	4 Many times	5 A great many times	6 Almost 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12 did you worry about your blood sugar levels ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13 did you suffer from tingling or a numb feeling or a burning feeling or pain in the lower legs or feet ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14 did you experience difficulty managing your eating and drinking because of your diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifestyle-related questions

The following questions relate to your lifestyle

- In the past week, how many days have you had moderately intense **physical exercise** for 30 minutes or more? 0 days
 1-2 days
 3-4 days
 5 days or more

E.g. walking or cycling in a fast pace
 It may also be a minimum of 3x10 minutes

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?

Supplemental Appendix 2: Dutch version of the ABCC-scale

Supplemental Appendix 2: the Dutch version of the Assessment of Burden of Chronic Conditions (ABCC-) scale. The scale is built with the set of generic questions (translated: “algemene vragen”), a set of lifestyle questions (translated: “leefstijl-gerelateerde vragen”) and one or more sets of disease-specific questions (translated: “aanvullende vragen voor COPD/astma/type 2 diabetes mellitus”). 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 only. The ABCC-scale should always be used together with the visualization and treatment advice as present in the ABCC-tool.

Algemene vragenlijst

Beste meneer/mevrouw,

Met deze vragenlijst willen we samen met u in kaart brengen hoe het met u gaat. Tijdens uw afspraak kunt u met uw zorgverlener praten over de onderwerpen die voor u belangrijk zijn.

Deze vragen hebben te maken met de chronische aandoening(en) waarvoor u bij de zorgverlener komt.

<i>In de afgelopen <u>week</u>, hoe vaak ...</i>		0	1	2	3	4	5	6
		Nooit	Zelden	Af en toe	Regelmatig	Heel vaak	Meestal	Altijd
G1	had u last van vermoeidheid ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2	had u een slechte nachtrust ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3	had u last van somberheid, angst, frustratie, schaamte of andere vervelende gevoelens ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G4	ervaarde u het nemen van medicijnen (bijv. tabletten, pufjes, insulinespuiten) als een last?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>In de afgelopen <u>week</u>, in welke mate ...</i>		0	1	2	3	4	5	6
		Heel-aal niet	Heel weinig	Een beetje	Tame-lijk	Erg	Heel erg	Volle-dig
G5	voelde u zich beperkt in zware lichamelijke activiteiten (trap lopen, haasten, sporten)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G6	voelde u zich beperkt in matige lichamelijke activiteiten (wandelen, huishoudelijk werk, boodschappen doen)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G7	voelde u zich beperkt in dagelijkse activiteiten (u zelf aankleden, wassen)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G8	voelde u zich beperkt in uw werk en/of sociale activiteiten (uitjes, vrienden en familie bezoeken)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G9	maakte u zich zorgen over uw toekomst ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G10	had u moeite met intimiteit en seksualiteit ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Zie volgende pagina voor de aanvullende vragen per aandoening

Aanvullende vragen voor COPD

<i>In de afgelopen <u>week</u>, hoe vaak ...</i>		0 Nooit	1 Zelden	2 Af en toe	3 Regel- matig	4 Heel vaak	5 Meest al	6 Altijd
C11	voelde u zich kortademig in rust ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12	voelde u zich kortademig gedurende lichamelijke inspanning ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C13	voelde u zich angstig/bezorgd voor de volgende benauwdheidsaanval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C14	heeft u gehoest ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C15	heeft u slijm opgehoest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C16	In de afgelopen 12 maanden , hoeveel prednison- en/of antibioticakuren heeft u voor uw longaandoening gehad?	<input type="checkbox"/> 0 prednison- en/of antibioticakuren <input type="checkbox"/> 1 prednison- en/of antibioticakuur <input type="checkbox"/> 2 prednison- en/of antibioticakuren <input type="checkbox"/> 3 prednison- en/of antibioticakuren <input type="checkbox"/> 4 of meer prednison- en/of antibioticakuren						

Aanvullende vragen voor astma

<i>In de afgelopen <u>week</u>, in welke mate ...</i>		0 Helem- -aal niet	1 Heel weinig	2 Een beetje	3 Tame- lijk	4 Erg	5 Heel erg	6 Volle- -dig
A11	had u last van astmaklachten in de ochtend ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>In de afgelopen <u>week</u>, hoe vaak ...</i>		0 Nooit	1 Zelden	2 Af en toe	3 Regel- matig	4 Heel vaak	5 Meest al	6 Altijd
A12	werd u 's nachts wakker door uw astmaklachten?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A13	had u last van kortademigheid door uw astma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A14	voelde u zich angstig/bezorgd voor de volgende benauwdheidsaanval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A15	had u last van een verstopte neus, jeuk aan de neus, niezen, of een loopneus ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A16 Hoeveel **pufjes/inhalaties** heeft u in de afgelopen week **extra** gebruikt naast uw normale astmamedicatie?
- Geen
 - 1-2 pufjes/inhalaties
 - 3-6 pufjes/inhalaties
 - 7 of meer pufjes/inhalaties

Aanvullende vragen voor type 2 diabetes mellitus

		0	1	2	3	4	5	6
	In de afgelopen <u>maand</u> , hoe vaak ...	Nooit	Zelden	Af en toe	Regelmatig	Heel vaak	Meestal	Altijd
D11	had u last van klachten die kunnen passen bij een te lage bloedsuikerwaarde (hypo) (bijv. duizeligheid, trillen, plots slechter zien, overmatig zweten)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D12	maakte u zich ongerust over uw bloedsuikerwaarden ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D13	had u last van tintelingen of een doof gevoel of brandend gevoel of pijn in de onderbenen of voeten ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D14	vond u het lastig om op uw eten en drinken te letten vanwege uw diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leefstijl-gerelateerde vragen

De volgende vragen gaan over uw leefstijl

- In de afgelopen week, hoeveel dagen heeft u 30 minuten of meer matig intensieve **lichaamsbeweging** gehad?
- 0 dagen
 1-2 dagen
 3-4 dagen
 5 dagen of meer

Bijv. stevig doorwandelen of harder fietsen.
 Het mogen ook minimaal 3x10 minuten zijn.

Hoeveel glazen **alcohol** dronk u in de afgelopen week? ... glazen per week

- Rookt** u of heeft u gerookt?
- Ja. Hoeveel (shag)sigaretten heeft u in de afgelopen week gemiddeld per dag gerookt? _____
 Vroeger. Gestopt met roken sinds: ___(maand) / ___(jaar)
 Nooit

Wat is uw **gewicht**? kg

Wat is uw **lengte**? cm

Is er nog iets wat u wilt **bespreken** of waar u **meer informatie** over wilt krijgen?

Supplemental Appendix 3: Additional information with regard to the methods

Study design justification

The ABCC-tool is developed to meet clinical experts' needs of a brief and concise tool to use in clinical practice. The tool's goal is to highlight the various aspects that infer burden of disease, and is not designed to deliver detailed information about each symptom or aspect of burden of disease. The healthcare provider and patient choose one or several aspects to discuss, and subsequently elaborate on that or those aspect(s) during the conversation. As such, the questionnaire consists of a minimum number of items, resulting in several single-item domains (i.e. constructs of burden of disease, such as fatigue). All items are considered clinically relevant by participating experts in the expert panel, making it undesirable to use statistical methods to drop or restructure items⁵.

Sample size justification

Based on the sample size we calculated the effect sizes that could be detected with 80% power and a two-sided significance level α of 0.05 in order to reflect on the adequacy of the sample size. PASS (2019; v19.0.9) was used for all calculations.

As for construct validity, concerning Pearson's correlations between the ABCC-scale and commonly-used QoL measures, a correlation as small as 0.345 would already yield the required power to detect a significant association. With regard to the differentiation of known groups the outcome parameter was a standardized difference in means between two groups based on a single characteristic. For the purpose of sample size calculations the validation study of the ABCC-scale predecessor was most comparable to our study design³⁶. As this scale was developed for people with COPD only, our sample size calculation was based on the differentiation of patient groups

based on their exacerbation count over a year, with regard to COPD symptoms (named pulmonary complaints in the current ABCC-tool). Assuming the same group sizes ($n_1 = n_2$), a standardized effect size (Cohen's d) of 0.74 can be detected with sufficient power based on the independent-samples t -test. This is in line with the standardized effect size of 0.72 obtained from the predecessor's validation study³⁶, when the presented median and interquartile range were transformed into a mean and standard deviation according to the methods of Wan et. al (2014)⁴⁵. The internal consistency was evaluated using the Cronbach's alpha for the total score and its multi-item domains. As smaller number of items lead to higher required sample sizes, k is set to 3. A Cronbach's alpha of 0.466 or larger can be detected under the aforementioned assumptions. The test-retest reliability was estimated by the intra-class coefficient (ICC), where ICCs of 0.31 or larger yield at least 80% power.

Questionnaires used in the validation study

ABCC-scale

The ABCC-scale is a multicomponent questionnaire in the Dutch language⁵. A non-linguistic translation of the questionnaire is presented in Supplemental Appendix 1, while the Dutch version is presented in Supplemental Appendix 2. It consists of a generic core set of questions that might be relevant to anyone with the aforementioned chronic conditions (i.e. either COPD, asthma or T2DM), and additional disease-specific questions that are added for these conditions (Supplemental Appendix file 1). The generic part consists of ten items that are represented in seven domains: physical limitations (3 items), fatigue (1 item), night's rest (1 item), feelings/emotions (2 items), sexuality (1 item), relations and work (1 item), and medicines (1 item). For someone with COPD, six additional items are represented in two additional domains (pulmonary complaints

(4 item) and lung attacks (exacerbations; 1 item)) and in one existing domain (feelings/emotions (1 item)). For someone with asthma, seven additional items are added into three additional domains (asthma complaints (4 items), lung attacks (exacerbations; 1 item), and nasal complaints (1 item)) and one existing domain (feelings/emotions (1 item)). For someone with T2DM, four additional items are added into four additional domains: hypoglycemia (described as hypo; 1 item), worry about blood glucose (1 item), leg- and feet complaints (1 item), and eating and drinking (1 item). The domain lung attacks for people with COPD or asthma regards the frequency of exacerbations in a year, which is not a subjective evaluation of burden. It will therefore not be included in the assessment of validity and reliability. The same applies to the lifestyle questions. At the end of the questionnaire, an open-ended question presents the opportunity to add anything that gives rise to their experience of burden of disease. Due to the open-ended nature of this last question, it will not be taken into account in the analyses. All burden-related items are scored on a 7-point Likert scale from 0 (no burden) to 6 (highest burden). Multi-item domains are scored as the sum of responses divided by the amount of items. The total score is calculated by the sum of domain scores, divided by the number of domains, in which it is assumed that all domains are equally relevant to the total score. One missing value was tolerated for multi-item domains, with exceptions for items C13 and A14 because these items add unique information to the domain based on expert opinion (Supplemental Appendix file 1). A missing item was imputed by the participant's mean score of the other items in that domain except for single-item domains. In that case, that particular domain was excluded from the total score calculation. All ABCC-scales are presented in Supplemental Appendix file 1.

SGRQ

The Dutch version of the SGRQ was used, which is a disease-specific 50-item QoL questionnaire for people with COPD¹⁰. The SGRQ consists of three subscales: symptoms (8 items), activity (16 items), and impact (26 items). Thirty-nine questions are dichotomous (i.e. yes/no) and 11 items are scored on a 5-point Likert scale. Total and subscale score calculation and handling of missing data were performed according to the scoring manual⁴⁶. The total and subscale scores range from 0 (no impairment) to 100 (worst impairment).

HADS

The Dutch version of the HADS is a 14-item screening scale for anxiety and depression^{13,47,48}. It contains two subscales: anxiety (7 items) and depression (7 items). All items range from 0 (no sign of anxiety/depression) to 3 (clear sign of anxiety/depression). For this study, only the depression subscale was used, which is scored by the sum of the depression items of the scale. One missing value was tolerated, and imputed by the participant's mean of the remaining items. A depression subscale score of eight or higher discriminated between (borderline) depression and no depression⁴⁸.

AQLQ-S

The Dutch version of the AQLQ-S is a 32-item disease-specific QoL scale for people with asthma¹¹. It contains four subscales: symptoms (12 items), activity limitations (11 items), emotional function (5 items), and environmental stimuli (4 items). All items are scored on a 7-point Likert scale, ranging from 1 (i.e. severe impairment) to 7 (i.e. no impairment). The subscale scores were calculated as the sum of the items divided by the number of items. The total score was calculated as the sum of all items divided by the total number of items. A maximum of three

missing values was tolerated for the total score, and only one missing value was tolerated for the symptoms and activity limitation subscales. Missing values were imputed with the participant's mean of the other items. These calculations are based on the scoring manual that is available upon request from the original author of the AQLQ-S.

ADDQoL19

The ADDQoL19 is a 19-item questionnaire measuring disease-specific QoL for people with T2DM¹². Each of the 19 items is scored based on how a person's QoL would be without T2DM and its importance to that person. The impact of each item is scored from -3 (QoL is much better without T2DM) to +1 (QoL is worse without T2DM), and the importance is scored from 0 (not important at all) to 3 (very important). Both scores are multiplied to create the weighted impact (WI) of that item. The total score is the Average Weighted Impact (AWI), and is calculated by averaging the sum of WIs over the number of items included. Missing values are not tolerated in calculation of the item WIs, and up to six missing items are tolerated for calculation of the AWI. These calculations are based on the scoring manual that is available upon request from the original author of the ADDQoL19.

References

1. Wan X, Wang W, Liu J, Tong T. Estimating the sample mean and standard deviation from the sample size, median, range and/or interquartile range. *BMC Med Res Methodol*. 2014;14:135. 10.1186/1471-2288-14-135.

2. Jones PW, Forde Y. St. George's Respiratory Questionnaire Manual. Version 2.3 London: St. George's University of London; 2009.

3. Spinhoven P, Ormel J, Sloekers PP, Kempen GI, Speckens AE, Van Hemert AM. A validation study of the Hospital Anxiety and Depression Scale (HADS) in different groups of Dutch subjects. *Psychol Med.* 1997;27(2):363-370. 10.1017/s0033291796004382.

4. Bjelland I, Dahl AA, Haug TT, Neckelmann D. The validity of the Hospital Anxiety and Depression Scale. An updated literature review. *J Psychosom Res.* 2002;52(2):69-77. 10.1016/s0022-3999(01)00296-3.

Supplemental Appendix 4: Baseline characteristics – additional characteristics

Condition	COPD	Asthma	T2DM
Total included, n	65	62	60
Marital status, n (%)			
- Single	4 (6.2)	17 (27.4)	10 (16.7)
- Married	54 (83.1)	37 (59.7)	38 (63.3)
- Divorced	5 (7.7)	7 (11.3)	7 (11.7)
- Widowed	2 (3.1)	1 (1.6)	5 (8.3)
Paid job			
- Yes	5 (7.7)	20 (32.3)	11 (18.3)
- No	60 (92.3)	42 (67.7)	49 (81.7)
Retired			
- Yes	36 (55.4)	14 (22.6)	34 (56.7)
- No	22 (33.8)	27 (43.5)	15 (25.0)
- Not applicable	4 (6.2)	19 (30.6)	10 (16.7)
Treated by, n (%)			
- General practitioner	11 (16.9)	17 (27.4)	48 (80.0)
- Medical specialist	52 (80.0)	37 (59.7)	10 (16.7)
Emergency visit exacerbation, previous year, n (%)			
- 0	43 (66.2)	55 (88.7)	-
- 1	13 (20.0)	5 (8.1)	-
- 2	6 (9.2)	1 (1.6)	-
- >2	3 (4.6)	1 (1.6)	-
Hospital admission exacerbation, previous year, n (%)			
- 0	48 (73.8)	57 (91.9)	-
- 1	13 (20.0)	3 (4.8)	-
- 2	2 (3.1)	1 (1.6)	-
- >2	2 (3.1)	1 (1.6)	-
Asthma control (based on GINA ^a (28))			
- Controlled	N/a	12 (19.4)	N/a
- Partially controlled	N/a	6 (9.7)	N/a
- Not controlled	N/a	43 (69.4)	N/a
Body Mass Index, kg/m ² , n (%)			
- Underweight (<18.5)	-	-	2 (3.3)
- Normal weight (18.5-24.9)	-	-	29 (48.3)
- Overweight (25.0-29.9)	-	-	13 (21.7)
- Obesity (30.0-39.9)	-	-	14 (23.3)
- Morbid obesity (≥40)	-	-	2 (3.3)
Complications, n (%)			
- Nephropathy	-	-	7 (11.7)
- Neuropathy	-	-	18 (30)
- Retinopathy	-	-	17 (28.3)
- Sexual problems	-	-	23 (38.3)
- Amputation	-	-	0 (0)
- Diabetic foot / foot ulcers	-	-	5 (8.3)
- Cardiovascular disease	-	-	29 (48.3)

^aGlobal Initiative for Asthma global strategy for asthma management and prevention, 2021 update (28)

Supplemental Appendix 5. Questionnaire outcomes for each condition

Questionnaire	T0	T1
COPD	n=65	n=60
T1-T0, days, median (IQR)	17 (15.0-20.0)	
ABCC scale ^a , median (IQR), range 0-6		
- Total	2.4 (1.5-3.0)	2.4 (1.4-2.9)
- Fatigue	3.0 (2.0-4.5)	3.0 (2.0-4.0)
- Night's rest	2.0 (1.0-3.0)	2.0 (1.0-3.0)
- Feelings/emotions	1.3 (0.7-2.3)	1.3 (0.7-2.3)
- Medicines	0.0 (0.0-1.0)	0.0 (0.0-1.0)
- Physical limitations	3.0 (2.0-4.3)	3.3 (2.3-4.3)
- Relations and work	2.0 (1.0-4.0)	2.0 (1.0-3.0)
- Sexuality	2.0 (0.0-4.0)	2.0 (1.0-4.0)
- Pulmonary complaints	2.8 (2.0-3.5)	2.8 (2.0-3.8)
SGRQ ^b , median (IQR), range 0-100		
- Total	53.3 (38.0-64.0)	
- Symptoms	62.2 (38.1-73.3)	
- Activity	21.0 (14.2-40.5)	
- Impact	40.2 (25.4-48.0)	
HADS ^c , median (IQR), range 0-21		
- Total	7.0 (3.5-13.5)	
- Depression subscale	3.0 (1.0-7.0)	
- Anxiety subscale	4.0 (2.0-7.0)	
Asthma	n=62	n=50
T1-T0, days, median (IQR)	17 (16-19)	
ABCC scale, median (IQR), range 0-6		
- Total	2.3 (1.5-2.9)	2.2 (1.5-2.8)
- Fatigue	3.0 (0.0-6.0)	3.0 (2.0-4.0)
- Night's rest	3.0 (1.0-5.0)	2.0 (2.0-3.0)
- Feelings/emotions	1.3 (0.0-3.0)	1.3 (0.6-1.7)
- Medicines	1.0 (0.0-2.0)	1.0 (0.0-1.0)
- Physical limitations	2.2 (1.3-3.0)	2.0 (1.0-2.7)
- Relations and work	2.0 (0.0-4.0)	2.0 (1.0-3.0)
- Sexuality	2.0 (0.0-5.0)	1.0 (0.0-3.0)
- Asthma complaints	2.5 (1.2-3.3)	2.5 (1.5-3.4)
- Nasal complaints	3.0 (0.0-6.0)	3.0 (2.0-4.0)
AQLQ-Standardized ^d , median (IQR) ¶, range 0-7		
- Total	5.2 (4.2-5.9)	
- Symptoms	5.0 (4.1-5.9)	
- Activity limitation	4.9 (3.9-5.8)	
- Emotional function	6.0 (5.2-6.4)	
- Environmental exposure	5.0 (3.9-5.8)	
T2DM	n=60	n=53
T1-T0, days, median (IQR)	18 (15.5-21.5)	
ABCC scale, median (IQR), range 0-6		
- Total	1.4 (0.9-2.2)	1.3 (0.9-2.2)
- Fatigue	3.0 (1.0-3.8)	2.0 (2.0-3.0)
- Night's rest	2.0 (1.0-3.0)	2.0 (1.0-3.0)
- Feelings/emotions	1.0 (0.5-2.0)	1.0 (0.5-1.5)
- Medicines	1.0 (0.0-2.0)	1.0 (0.0-2.0)
- Physical limitations	1.7 (0.7-3.0)	1.3 (0.7-2.7)
- Relations and work	1.0 (0.0-2.0)	1.0 (0.0-2.0)
- Sexuality	1.0 (0.0-3.0)	1.0 (0.0-3.0)
- Hypoglycaemia	1.0 (0.0-2.0)	1.0 (0.0-2.0)

- Worry about blood glucose	1.0 (1.0-2.0)	1.0 (1.0-2.0)
- Leg- and feet complaints	1.0 (0.0-3.8)	1.0 (0.0-3.0)
- Eating and drinking	2.0 (1.0-3.0)	1.0 (1.0-2.0)
ADDQoL ^e , median (IQR), range -9 – +3		
- Average Weighted Impact (AWI)	-0.8 (-1.8 – -0.3)	
- Leisure	0.0 (-2.0 – 0.0)	
- Work	0.0 (-2.0 – 0.0)	
- Journeys	0.0 (-2.0 – 0.0)	
- Holidays	0.0 (-2.0 – 0.0)	
- Physical	-1.0 (-2.8 – 0.0)	
- Family life	0.0 (-2.0 – 0.0)	
- Friendships and social life	0.0 (-2.0 – 0.0)	
- Personal relationship	0.0 (-2.0 – 0.0)	
- Sex life	-1.0 (-3.0 – 0.0)	
- Physical appearance	0.0 (0.0 – 0.0)	
- Self-confidence	0.0 (0.0 – 0.0)	
- Motivation	0.0 (-2.0 – 0.0)	
- Reactions of other people	0.0 (0.0 – 0.0)	
- Feelings about the future	-0.5 (-2.8 – 0.0)	
- Financial situation	0.0 (0.0 – 0.0)	
- Living conditions	0.0 (-2.0 – 0.0)	
- Depend on others	0.0 (0.0 – 0.0)	
- Freedom to eat	-2.0 (-4.0 – 0.0)	
- Freedom to drink	-1.0 (-2.0 – 0.0)	

^aAssessment of Burden of Chronic Conditions tool, high scores equal high burden, ^bSaint George Respiratory Questionnaire, high scores equal low QoL, ^cHospital Anxiety and Depression Scale, high scores equal possible (8-10) or probable (11-21) depression/anxiety, ^dAsthma Quality of Life Questionnaire, high scores equal high QoL, ^eAudit of Diabetes-Dependent Quality of Life, high scores equal high QoL