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| Concurrent validity and responsiveness of the Bronchiectasis Health Questionnaire  |
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| **Introduction/Aim:**The Bronchiectasis Health Questionnaire (BHQ) assesses health-related quality-of-life (HRQoL) in individuals with bronchiectasis. However, it has not been validated during an exacerbation, and its responsiveness to treatment has not been explored. This study aimed to establish concurrent validity of the BHQ and explore responsiveness of the BHQ to treatment in individuals experiencing an acute exacerbation of bronchiectasis.**Methods:**Adults admitted to hospital with an exacerbation of bronchiectasis completed the BHQ, Quality of Life Bronchiectasis (QoL-B) questionnaire (8 domains), Leicester Cough Questionnaire (LCQ) (3 domains) on day 2, and day of discharge from hospital. The severity of bronchiectasis was assessed using the Bronchiectasis Severity Index (BSI).**Results:**Fifty participants were recruited, 68/32 female/male ratio, with mean(SD) age 73(10) years. Most participants had severe bronchiectasis. BHQ and BSI scores were not related. There was a positive, moderate to strong correlation between BHQ score and all QoL-B domain scores on day 2 and day of discharge (r/rs=0.45 to 0.78 day 2; 0.40 to 0.73 discharge) with the exception of Treatment Burden. There were moderate correlations between the BHQ score and LCQ total and domain scores on day 2 (r/rs=0.51 – 0.66) and weak to moderate correlations at discharge (0.27-0.53). There was an improvement in the mean BHQ total score of 4.4 points (95% confidence interval 2 .0 to 6.8; effect size=0.55)), suggesting the BHQ was responsive to treatment from day 2 to day of discharge.**Conclusion:**The BHQ scores were moderately to strongly related to most domain scores of the QoL-B on day 2 and day of discharge from hospital. They were weakly to moderately related to total and domain scores of the LCQ. BHQ was responsive to improvement following management for an exacerbation. **Key words:** Bronchiectasis Health Questionnaire; Validation; Bronchiectasis**Grant Support:** Wesley Research Institute and Australian Government Research Training Program.  |