



ST. GEORGE'S RESPIRATORY QUESTIONNAIRE

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: SGR
VERSION: 3.0 10/24/2017

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: This form should be completed during the participant's clinic visit. Please read the script exactly as written.

This questionnaire is designed to help us learn much more about how your breathing is troubling you and how it affects your life. We are using it to find out which aspects of your illness cause you most problems, rather than what the doctors and nurses think your problems are.

Please ask if you have difficulty understanding the questions. Do not spend too long deciding about your answers.

0c) Please pick one response to show how you describe your current health:

Very good₁ Good₂ Fair₃ Poor₄ Very Poor₅

The following questions ask about your chest trouble. Please answer as it applies to you.

PART 1

1) I cough:

- Most days a week₁
- Several days a week₂
- Only with respiratory infections₄
- Not at all₅

2) I bring up phlegm (sputum):

- Most days a week₁
- Several days a week₂
- Only with respiratory infections₄
- Not at all₅

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3) I have shortness of breath:

- Most days a week₁
- Several days a week₂
- Not at all₅

4) I have attacks of wheezing:

- Most days a week₁
- Several days a week₂
- A few days a month₃
- Only with respiratory infections₄
- Not at all₅

5) How many attacks of chest trouble did you have during the last year?

- 3 or more attacks₁
- 1 or 2 attacks₂
- None₃

6) How often do you have good days (with few respiratory problems)?

- No good days₁
- A few good days₂
- Most days are good₃
- Every day is good₄

7) If you have a wheeze, is it worse when you get up in the morning?

- No₀
- Yes₁

PART 2

8) How would you describe your respiratory problems?

- Cause me a lot of problems or are the most important physical problem I have₁
- Cause me a few problems₂
- Cause no problems₃

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9) Questions about what activities usually make you feel breathless. For each statement, please tell me which applies to you these days.

- | | <u>False</u> ₀ | <u>True</u> ₁ |
|---|---------------------------|--------------------------|
| 9a) Washing or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> |
| 9b) Walking around the house | <input type="checkbox"/> | <input type="checkbox"/> |
| 9c) Walking outside on the level ground | <input type="checkbox"/> | <input type="checkbox"/> |
| 9d) Walking up a flight of stairs | <input type="checkbox"/> | <input type="checkbox"/> |
| 9e) Walking up hills | <input type="checkbox"/> | <input type="checkbox"/> |

10) Some more questions about your cough and breathlessness. For each statement, please tell me which applies to you these days.

- | | <u>False</u> ₀ | <u>True</u> ₁ |
|--|---------------------------|--------------------------|
| 10a) Coughing hurts | <input type="checkbox"/> | <input type="checkbox"/> |
| 10b) Coughing makes me tired | <input type="checkbox"/> | <input type="checkbox"/> |
| 10c) I am short of breath when I talk | <input type="checkbox"/> | <input type="checkbox"/> |
| 10d) I am short of breath when I bend over | <input type="checkbox"/> | <input type="checkbox"/> |
| 10e) My cough or breathing disturbs my sleep | <input type="checkbox"/> | <input type="checkbox"/> |
| 10f) I get exhausted easily | <input type="checkbox"/> | <input type="checkbox"/> |

11) Questions about other effects that your chest trouble may have on you. For each statement, please tell me which applies to you these days.

- | | <u>False</u> ₀ | <u>True</u> ₁ |
|---|---------------------------|--------------------------|
| 11a) My cough or breathing is embarrassing in public | <input type="checkbox"/> | <input type="checkbox"/> |
| 11b) My respiratory problems are a nuisance to my family, friends, or neighbors | <input type="checkbox"/> | <input type="checkbox"/> |
| 11c) I get afraid or panic when I cannot catch my breath | <input type="checkbox"/> | <input type="checkbox"/> |
| 11d) I feel that I am not in control of my respiratory problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 11e) I have become frail or an invalid because of my respiratory problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 11f) Exercise is not safe for me | <input type="checkbox"/> | <input type="checkbox"/> |
| 11g) Everything seems too much of an effort | <input type="checkbox"/> | <input type="checkbox"/> |

12) These are questions about how your activities might be affected by your respiratory problems. For each statement, please tell me which applies to you because of your breathing.

- | | <u>False</u> ₀ | <u>True</u> ₁ |
|---|---------------------------|--------------------------|
| 12a) I take a long time to get washed or dressed | <input type="checkbox"/> | <input type="checkbox"/> |
| 12b) I cannot take a bath or shower, or I take a long time to do it | <input type="checkbox"/> | <input type="checkbox"/> |

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False₀ True₁

- 12c) I walk slower than other people, or I stop to rest
- 12d) Jobs such as house chores take a long time, or I have to stop to rest
- 12e) If I walk up one flight of stairs, I have to go slowly or stop
- 12f) If I hurry or walk fast, I have to stop or slow down
- 12g) My breathing makes it difficult to do things such as walk up hills, carry things up stairs, do light gardening such as weeding, dance, bowl, or play golf
- 12h) My breathing makes it difficult to do things such as carry heavy loads, dig the garden or shovel snow, jog or walk briskly (5 miles per hour), play tennis, or swim

13) We would like to know how your chest usually affects your daily life. For each statement, please tell me which applies to you because of your breathing.

False₀ True₁

- 13a) I cannot play sports or do other physical activities
- 13b) I cannot go out for entertainment or recreation
- 13c) I cannot go out of the house to do the shopping
- 13d) I cannot do household chores
- 13e) I cannot move far from my bed or chair

14) How do your respiratory problems affect you? Please pick one response.

- They do not stop me from doing anything I would like to do₁
- They stop me from doing one or two things I would like to do₂
- They stop me from doing most of the things I would like to do₃
- They stop me from doing everything I would like to do₄