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 good
- Good
- Fair
- Poor
- Very Poor

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

PART 1

1) I cough:
   - Most days a week
   - Several days a week
   - Only with respiratory infections
   - Not at all

2) I bring up phlegm (sputum):
   - Most days a week
   - Several days a week
   - Only with respiratory infections
   - Not at all
3) I have shortness of breath:
   - [ ] Most days a week
   - [ ] Several days a week
   - [ ] Not at all

4) I have attacks of wheezing:
   - [ ] Most days a week
   - [ ] Several days a week
   - [ ] A few days a month
   - [ ] Only with respiratory infections
   - [ ] Not at all

5) How many attacks of chest trouble did you have during the last year?
   - [ ] 3 or more attacks
   - [ ] 1 or 2 attacks
   - [ ] None

6) How often do you have good days (with few respiratory problems)?
   - [ ] No good days
   - [ ] A few good days
   - [ ] Most days are good
   - [ ] Every day is good

7) If you have a wheeze, is it worse when you get up in the morning?
   - [ ] No
   - [ ] Yes

**PART 2**

8) How would you describe your respiratory problems?
   - [ ] Cause me a lot of problems or are the most important physical problem I have
   - [ ] Cause me a few problems
   - [ ] Cause no problems
9) Questions about what activities usually make you feel breathless. For each statement, please tell me which applies to you these days.

- 9a) Washing or dressing yourself  
   False (0) True (1)  
- 9b) Walking around the house  
   False (0) True (1)  
- 9c) Walking outside on the level ground  
   False (0) True (1)  
- 9d) Walking up a flight of stairs  
   False (0) True (1)  
- 9e) Walking up hills  
   False (0) True (1)  

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

- 10a) Coughing hurts  
   False (0) True (1)  
- 10b) Coughing makes me tired  
   False (0) True (1)  
- 10c) I am short of breath when I talk  
   False (0) True (1)  
- 10d) I am short of breath when I bend over  
   False (0) True (1)  
- 10e) My cough or breathing disturbs my sleep  
   False (0) True (1)  
- 10f) I get exhausted easily  
   False (0) True (1)  

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.

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

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.

- 12a) I take a long time to get washed or dressed  
   False (0) True (1)  
- 12b) I cannot take a bath or shower, or I take a long time to do it  
   False (0) True (1)  

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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.

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 do
   - They stop me from doing one or two things I would like to do
   - They stop me from doing most of the things I would like to do
   - They stop me from doing everything I would like to do