



INSTRUCTIONS FOR ST. GEORGE'S RESPIRATORY QUESTIONNAIRE SGR, VERSION 1.0 (QxQ)

I. GENERAL INSTRUCTIONS

The St. George's Respiratory Questionnaire is filled out by the study coordinator at the baseline visit.

Header Information: The header information consists of key fields which uniquely identify each recorded instance of a form.

FORM DATE: Record date this is being completed. Select the date from the pop up calendar or type in the date in the space provided. Dates should be entered in the mm/dd/yyyy format.

INITIALS: Record the staff code of the person entering the data on this form. This code is assigned to each person at each site by the GIC. If you do not have a staff code and are collecting SPIROMICS data please contact the GIC in order to receive your own individual staff code.

II. DETAILED INSTRUCTIONS FOR EACH ITEM

It is important for consistent data collection that the script for this questionnaire is read exactly as it is written for each participant. Before reading the first question to the participant read the script that is in bold on the screen:

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 listen carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.

- Item 0. Ask the participant how they would describe their current health and select the corresponding answer.
- Items 1-4. Read each statement and all answer choices to the participant and select the answer that describes how often each symptom occurs.
- Item 5. Select the answer that gives the number of attacks of chest trouble over the past year. If 3 or more have occurred in the past year select 'More than 3 attacks'.
- Item 6. Select the answer that gives the number of days that the participant has little to no chest trouble.
- Item 7. Select 'Yes' if the participant has a wheeze that is worse in the morning. Select 'No' if the wheeze is not worse in the morning OR if the participant does not have a wheeze.
- Item 8. Read each response aloud to the participant and select the answer given.
- Item 9. Read the question and each activity; select 'True' for each activity that makes participant feel breathless and select 'False' for each activity that does not make the participant feel breathless.

- Item 10. Read the question and statements aloud to the participant; select 'True' for each statement the participant agrees with regarding his/her cough and breathlessness or select 'False' for each statement the participant does not feel describes his/her cough and breathlessness.
- Item 11. Read the question and statements aloud to the participant; select 'True' for each statement the participant agrees with regarding his/her chest troubles or select 'False' for each statement the participant does not feel describes his/her chest troubles.
- Item 12. Read the question and statements aloud to the participant; select 'True' for each statement the participant agrees with regarding his/her breathing or select 'False' for each statement the participant does not feel describes his/her breathing.
- Item 13. Read the question and statements aloud to the participant; select 'True' for each statement the participant agrees with regarding how his/her chest affects daily life or select 'False' for each statement the participant does not feel describes how his/her chest affect daily life.
- Item 14. Select the statement that the participant feels describes how their chest trouble affects him/her.

Save and close the form.