ST. GEORGE'S RESPIRATORY QUESTIONNAIRE

ID NUMBER:									FORM CODE: **SGR** VERSION: **2.0** 8/3/2011	Visit Number			SEQ #			

0a) Form Date ..... ☐☐/☐☐/☐☐☐☐ 0b) Staff Code .... ☐☐☐

Instructions: *This form should be completed during the participant's 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 listen carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.

0c) [Do not read] *Before completing the rest of the questionnaire:*
Please pick one response to show how you describe your current health:

Very good	Good	Fair	Poor	Very Poor
☐	☐	☐	☐	☐

I'm going to read you a series of questions about your chest trouble. Please answer as it applies to you.

PART 1

Questions about how much chest trouble you have.

	most days a week	several days a week	a few days a month	only with respiratory infections	not at all
1) I cough:	☐	☐		☐	☐
2) I bring up phlegm (sputum):	☐	☐		☐	☐
3) I have had shortness of breath:	☐	☐			☐
4) I have attacks of wheezing:	☐	☐	☐	☐	☐

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

3 or more attacks .....A
1 or 2 attacks .....B
None C

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

No good days ..... A
A few good days ..... B
Most days are good C
Every day is good ..... D

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

Yes ..... Y
No ..... N

PART 2

8) How would you describe your respiratory problems? ☐

Causes me a lot of problems or are the most important physical problem I have ..... A
Causes me a few problems ..... B
Cause no problems C

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

	True	False
Washing or dressing yourself	☐	☐
Walking around the house	☐	☐
Walking outside on the level ground	☐	☐
Walking up a flight of stairs	☐	☐
Walking up hills	☐	☐

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

	True	False
Coughing hurts	☐	☐
Coughing makes me tired	☐	☐
I am short of breath when I talk	☐	☐
I am short of breath when I bend over	☐	☐
My cough or breathing disturbs my sleep	☐	☐
I get exhausted easily	☐	☐

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.

	True	False
My cough or breathing is embarrassing in public	☐	☐
My respiratory problems are a nuisance to my family, friends or neighbors	☐	☐
I get afraid or panic when I cannot catch my breath	☐	☐
I feel that I am not in control of my respiratory problems	☐	☐
I have become frail or an invalid because of my respiratory problems	☐	☐
Exercise is not safe for me	☐	☐
Everything seems too much of an effort	☐	☐

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.

	True	False
I take a long time to get washed or dressed	☐	☐
I cannot take a bath or shower, or I take a long time to do it	☐	☐
I walk slower than other people, or I stop to rest	☐	☐
Jobs such as house chores take a long time, or I have to stop to rest	☐	☐
If I walk up one flight of stairs, I have to go slowly or stop	☐	☐
If I hurry or walk fast, I have to stop or slow down	☐	☐
My breathing makes it difficult to do things such as walk up hills, carrying things up stairs, light gardening such as weeding, dance, bowl or play golf	☐	☐
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 <u>usually</u> affects your daily life.
For each statement please tell me which applies to you because of your breathing.

	True	False
I cannot play sports or do other physical activities	☐	☐
I cannot go out for entertainment or recreation	☐	☐
I cannot go out of the house to do the shopping	☐	☐
I cannot do household chores	☐	☐
I cannot move far from my bed or chair	☐	☐

14) How does your respiratory problems affect you?
Please pick ONE:

They do not stop me doing anything I would like to do	☐
They stop from me doing one or two things I would like to do	☐
They stop from me doing most of the things I would like to do	☐
They stop from me doing everything I would like to do	☐