

## 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"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: **SGR**  
 VERSION: **1.0 08/27/2024**

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 read the instructions carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.**

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

Very good<sub>1</sub>      Good<sub>2</sub>      Fair<sub>3</sub>      Poor<sub>4</sub>      Very Poor<sub>5</sub>

                      

**Questions about how much respiratory trouble you have. Please pick one response for each question.**

### PART 1

1) I cough:

- Most days a week<sub>1</sub>
- Several days a week<sub>2</sub>
- Only with respiratory infections<sub>4</sub>
- Not at all<sub>5</sub>

2) I bring up phlegm (sputum):

- Most days a week<sub>1</sub>
- Several days a week<sub>2</sub>
- Only with respiratory infections<sub>4</sub>
- Not at all<sub>5</sub>

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3) I have shortness of breath:

- Most days a week<sub>1</sub>
- Several days a week<sub>2</sub>
- Not at all<sub>5</sub>

4) I have attacks of wheezing:

- Most days a week<sub>1</sub>
- Several days a week<sub>2</sub>
- A few days a month<sub>3</sub>
- Only with respiratory infections<sub>4</sub>
- Not at all<sub>5</sub>

5) How many respiratory attacks did you have during the last year?

- 3 or more attacks<sub>1</sub>
- 1 or 2 attacks<sub>2</sub>
- None<sub>3</sub>

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

- No good days<sub>1</sub>
- A few good days<sub>2</sub>
- Most days are good<sub>3</sub>
- Every day is good<sub>4</sub>

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

- No<sub>0</sub>
- Yes<sub>1</sub>

**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<sub>1</sub>
- Cause me a few problems<sub>2</sub>
- Cause no problems<sub>3</sub>

9) Questions about what activities usually make you feel breathless. For each statement, please pick one response that applies to you these days.

	<u>False</u> <sub>0</sub>	<u>True</u> <sub>1</sub>
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 level ground	<input type="checkbox"/>	<input type="checkbox"/>

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- 9d) Walking up a flight of stairs
- 9e) Walking up hills

10) Some more questions about your cough and breathlessness. For each statement, please pick one response that applies to you these days.

- |  | <u>False</u> <sub>0</sub> | <u>True</u> <sub>1</sub> |
|--|---------------------------|--------------------------|
| 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 respiratory problems may have on you. For each statement, please pick one response that applies to you these days.

- |   | <u>False</u> <sub>0</sub> | <u>True</u> <sub>1</sub> |
|---|---------------------------|--------------------------|
| 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 pick one response that applies to you because of your respiratory problems.

- |  | <u>False</u> <sub>0</sub> | <u>True</u> <sub>1</sub> |
|--|---------------------------|--------------------------|
| 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"/> |
| 12c) I walk slower than other people my age, or I stop to rest                 | <input type="checkbox"/>  | <input type="checkbox"/> |
| 12d) Jobs such as household chores take a long time, or I have to stop to rest | <input type="checkbox"/>  | <input type="checkbox"/> |
| 12e) If I walk up one flight of stairs, I have to go slowly or stop            | <input type="checkbox"/>  | <input type="checkbox"/> |
| 12f) If I hurry or walk fast, I have to stop or slow down                      | <input type="checkbox"/>  | <input type="checkbox"/> |

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12g) My breathing makes it difficult to do things such as walk up hills, carry things up stairs, 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 in 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 respiratory problems usually affect your daily life. For each statement, please pick one response that applies to you because of your respiratory problems.

	<u>False</u> <sub>0</sub>	<u>True</u> <sub>1</sub>
13a) I cannot play sports or do other physical activities	<input type="checkbox"/>	<input type="checkbox"/>
13b) I cannot go out for entertainment or recreation	<input type="checkbox"/>	<input type="checkbox"/>
13c) I cannot go out of the house to do the shopping	<input type="checkbox"/>	<input type="checkbox"/>
13d) I cannot do household chores	<input type="checkbox"/>	<input type="checkbox"/>
13e) I cannot move far from my bed or chair	<input type="checkbox"/>	<input type="checkbox"/>

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<sub>1</sub>
- They stop me from doing one or two things I would like to do<sub>2</sub>
- They stop me from doing most of the things I would like to do<sub>3</sub>
- They stop me from doing everything I would like to do<sub>4</sub>

**END OF FORM**