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Interviewer (initials)

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COPD Gene ID

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Month

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Day

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Year

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Center (eg, NJC)

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St. George's Respiratory Questionnaire

This questionnaire is designed to help us learn 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 the most problems, rather than what the doctors and nurses think your problems are.

Please read the instructions carefully.
Do not spend too long deciding about your answers.

Part 1

Please describe how often your respiratory problems have affected you over the past 4 weeks.

- Over the past 4 weeks, I have coughed
 - Almost every day
 - Several days a week
 - A few days a month
 - Only with respiratory infections
 - Not at all
- Over the past 4 weeks, I have brought up phlegm (sputum)
 - Almost every day
 - Several days a week
 - A few days a month
 - Only with respiratory infections
 - Not at all
- Over the past 4 weeks, I have had shortness of breath
 - Almost every day
 - Several days a week
 - A few days a month
 - Only with respiratory infections
 - Not at all

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4. Over the past 4 weeks, I have had wheezing attacks
- Almost every day
 - Several days a week
 - A few days a month
 - Only with respiratory infections
 - Not at all
5. How many times during the past 4 weeks have you suffered from severe or very unpleasant respiratory attacks?
- More than 3 times
 - 3 times
 - 2 times
 - 1 time
 - None of the time
6. How long did the worst respiratory attack last? (Go to question 7 if you did not have a severe attack)
- A week or more
 - 3 or more days
 - 1 or 2 days
 - Less than a day
7. Over the past 4 weeks, in a typical week, how many good days (with few respiratory problems) have you had?
- No good days
 - 1 or 2 good days
 - 3 or 4 good days
 - Nearly every day is good
 - Every day is good
8. If you wheeze, is it worse when you get up in the morning?
- No
 - Yes

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Part 2

Section 1

1. How would you describe your respiratory condition?

- The most important problem I have
- Causes me quite a lot of problems
- Causes me a few problems
- Causes me no problem

2. If you have ever held a job

- My respiratory problems made me stop working altogether
- My respiratory problems interfere with my job or made me change my job
- My respiratory problems do not affect my job

Section 2

These are questions about what activities usually make you feel short of breath these days.

	<i>True</i>	<i>False</i>
3. Sitting or lying still	<input type="radio"/>	<input type="radio"/>
4. Washing yourself or dressing	<input type="radio"/>	<input type="radio"/>
5. Walking in the house	<input type="radio"/>	<input type="radio"/>
6. Walking outside on level ground	<input type="radio"/>	<input type="radio"/>
7. Walking up a flight of stairs	<input type="radio"/>	<input type="radio"/>
8. Walking up hills	<input type="radio"/>	<input type="radio"/>
9. Playing sports or other physical activities	<input type="radio"/>	<input type="radio"/>





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Section 3

These are more questions about your cough and shortness of breath these days.

- | | <i>True</i> | <i>False</i> |
|--|-----------------------|-----------------------|
| 10. Coughing hurts | <input type="radio"/> | <input type="radio"/> |
| 11. Coughing makes me tired | <input type="radio"/> | <input type="radio"/> |
| 12. I am short of breath when I talk | <input type="radio"/> | <input type="radio"/> |
| 13. I am short of breath when I bend over | <input type="radio"/> | <input type="radio"/> |
| 14. My coughing or breathing disturbs my sleep | <input type="radio"/> | <input type="radio"/> |
| 15. I become exhausted easily | <input type="radio"/> | <input type="radio"/> |

Section 4

These are questions about other effects that your respiratory problems may have on you these days.

- | | <i>True</i> | <i>False</i> |
|---|-----------------------|-----------------------|
| 16. My coughing or breathing is embarrassing in public | <input type="radio"/> | <input type="radio"/> |
| 17. My respiratory problems are a nuisance to my family, friends or neighbors | <input type="radio"/> | <input type="radio"/> |
| 18. I get afraid or panic when I cannot catch my breath | <input type="radio"/> | <input type="radio"/> |
| 19. I feel that I am not in control of my respiratory problems | <input type="radio"/> | <input type="radio"/> |
| 20. I do not expect my respiratory problems to get any better | <input type="radio"/> | <input type="radio"/> |
| 21. I have become frail or an invalid because of my respiratory problems | <input type="radio"/> | <input type="radio"/> |
| 22. Exercise is not safe for me | <input type="radio"/> | <input type="radio"/> |
| 23. Everything seems too much of an effort | <input type="radio"/> | <input type="radio"/> |

Section 5

These are questions about your treatment and medication (including oxygen, inhalers and pills).

a. Are you receiving any treatment for your respiratory problems?

- Yes No If *No* go to *Section 6* (top of next page)

- | | <i>True</i> | <i>False</i> |
|---|-----------------------|-----------------------|
| 24. My treatment does not help me very much | <input type="radio"/> | <input type="radio"/> |
| 25. I get embarrassed using my medication in public | <input type="radio"/> | <input type="radio"/> |
| 26. I have unpleasant side effects from my medication | <input type="radio"/> | <input type="radio"/> |
| 27. My treatment interferes with my life a lot | <input type="radio"/> | <input type="radio"/> |

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Section 6

These are questions about how your activities might be affected by your respiratory problems.

- | | <i>True</i> | <i>False</i> |
|---|-----------------------|-----------------------|
| 28. I take a long time to get washed or dressed | <input type="radio"/> | <input type="radio"/> |
| 29. I cannot take a bath or shower, or I take a long time to do it | <input type="radio"/> | <input type="radio"/> |
| 30. I walk slower than other people my age, or I stop to rest | <input type="radio"/> | <input type="radio"/> |
| 31. Jobs such as household chores take a long time, or I have to stop to rest | <input type="radio"/> | <input type="radio"/> |
| 32. If I walk up one flight of stairs, I have to go slowly or stop | <input type="radio"/> | <input type="radio"/> |
| 33. If I hurry or walk fast, I have to stop or slow down | <input type="radio"/> | <input type="radio"/> |
| 34. 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. | <input type="radio"/> | <input type="radio"/> |
| 35. 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 | <input type="radio"/> | <input type="radio"/> |
| 36. My breathing makes it difficult to do things such as very heavy manual work, ride a bikes, run, swim fast or play competitive sports | <input type="radio"/> | <input type="radio"/> |

Section 7

We would like to know how your respiratory problems usually affect your daily life.

- | | <i>True</i> | <i>False</i> |
|--|-----------------------|-----------------------|
| 37. I cannot play sports or do other physical activities | <input type="radio"/> | <input type="radio"/> |
| 38. I cannot go out for entertainment or recreation | <input type="radio"/> | <input type="radio"/> |
| 39. I cannot go out of the house to do the shopping | <input type="radio"/> | <input type="radio"/> |
| 40. I cannot do household chores | <input type="radio"/> | <input type="radio"/> |
| 41. I cannot move far from my bed or chair | <input type="radio"/> | <input type="radio"/> |

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Section 8

Here is a list of other activities that your respiratory problems may prevent you from doing. (You do not have to check these, they are just to remind you of ways your shortness of breath may affect you.)

- Going for walks or walking the dog
- Doing activities or chores at home or in the garden
- Sexual intercourse
- Going to a place of worship, or a place of entertainment
- Going out in bad weather or into smoky rooms
- Visiting family or friends or playing with children

Please write in any other important activities that your respiratory problems may stop you from doing.

42. Now please check the box (one only) that you think best describes how your respiratory problems affect you.

- It does not stop me from doing anything I would like to do
- It stops me from doing one or two things I would like to do
- It stops me from doing most of the things I would like to do
- It stops me from doing everything I would like to do

Thank you for completing this questionnaire. Before you finish, would you please make sure that you have answered all the questions?

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