ST-GEORGE RESPIRATORY QUESTIONNAIRE (SGRQ)

Centre [ ] [ ] [ ] Project [ ] [ ] [ ] Subject [ ] [ ] [ ] [ ] Visit [ ]

Pre-rehabilitation evaluation (visit 1) [ ] Post-rehabilitation evaluation < 1 month (visit 2) [ ]
Post-rehabilitation evaluation: 1 yr (visit 3) [ ] 2 yrs (visit 4) [ ] 3 yrs (visit 5) [ ]
Date [ ] [ ] [ ] yyyy-mmm-dd Time at the beginning of the questionnaire [ ] : [ ] on 24:00

Current or recent exacerbation

The subject currently has or had an exacerbation in the past 4 weeks? No [ ] Yes [ ]

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 the most problem.

Please read the instructions carefully and ask if you do not understand something. Do not spend too long deciding about your answer.

Part 1

Questions about how much chest trouble you had over the last year. Please fill in the relevant number next to each activity.

1- Over the last year, I have coughed:
   1- Most days a week
   2- Several days a week
   3- A few days a week
   4- Only with chest infections
   5- Not at all

2- Over the last year, I have brought up phlegm (sputum):
   1- Most days a week
   2- Several days a week
   3- A few days a week
   4- Only with chest infections
   5- Not at all

3- Over the last year, I have had shortness of breath:
   1- Most days a week
   2- Several days a week
   3- A few days a week
   4- Only with chest infections
   5- Not at all
ST-GEORGE RESPIRATORY QUESTIONNAIRE (SGRQ)

4- **Over the last year, I have had attacks of wheezing:**
   1- Most days a week
   2- Several days a week
   3- A few days a week
   4- Only with chest infections
   5- Not at all

5- **During the last year, how many severe unpleasant attacks of chest trouble have you had:**
   1- More than 3 attacks
   2- 3 attacks
   3- 2 attacks
   4- 1 attack
   5- No attack

**GO TO QUESTION 7 IF YOU HAD NO SEVERE ATTACKS.**

6- **How long did the worst attack of chest trouble last:**
   1- A week or more
   2- 3 or more days
   3- 1 or 2 days
   4- Less than a day

7- **Over the last year, in an average week, how many good days (with little chest trouble) have you had:**
   1- No good days
   2- 1 or 2 good days
   3- 3 or 4 good days
   4- Nearly every day is good
   5- Every day is good

8- **If you have a wheeze, is it worse in the morning:**
   No  Yes  Not applicable*

* CHECK « NOT APPLICABLE » IF ANSWERED 5-NOT AT ALL TO QUESTION 4.

**Part 2**

**SECTION 1**

9- **How would you describe your chest condition:**
   1- The most important problem I have.
   2- Causes me quite a lot of problems.
   3- Causes me quite a few problems.
   4- Causes me no problem.
ST-GEORGE RESPIRATORY QUESTIONNAIRE (SGRQ)

10- If you have ever had paid employment, please choose one of these answers:
   1. My chest trouble made me stop work.
   2. My chest trouble interferes with my work or made me change my work.
   3. My chest trouble does not affect my work.

SECTION 2
Questions about what activities usually make you feel breathless these days. For each item, please answer either true or false as it applies to you.

11- Sitting or lying still.
12- Getting washed or dressed.
13- Walking around the house.
14- Walking outside on level ground.
15- Walking up a flight of stairs.
16- Walking hills.
17- Playing sports or games.

SECTION 3
Some more questions about your cough and breathlessness these days. For each item, please answer either true or false as it applies to you.

18- My cough hurts.
19- My cough makes me tired.
20- I am breathless when I talk.
21- I am breathless when I bend over.
22- My cough or breathing disturbs my sleep.
23- I get exhausted easily.

SECTION 4
Questions about other effects that your chest trouble may have on you these days. For each item, please answer true or false as it applies to you.

24- My cough or breathing is embarrassing in public.
25- My chest trouble is a nuisance to my family, friends or neighbours.
26- I get afraid or panic when I cannot get my breath.
27- I feel that I am not in control of my chest problems.
28- I do not expect my chest to get any better.
29- I have become frail or an invalid because of my chest.
30- Exercise is not safe for me.
31- Everything seems too much of an effort.
### ST-GEORGE RESPIRATORY QUESTIONNAIRE (SGRQ)

**SECTION 5**
Questions about your medication. If you are receiving no medication go straight to section 6. For each item, please answer either « true » or « false » as it applies to you.

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<tr>
<td>32-</td>
<td>My medication does not help me very much.</td>
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<td>33-</td>
<td>I get embarrassed using my medication in public.</td>
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<td>34-</td>
<td>I have unpleasant side effects from my medication.</td>
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<td>35-</td>
<td>My medication interferes with my life a lot.</td>
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**SECTION 6**
These are questions about how your activities might be affected by you breathing. For each question, please answer « true » if one or more parts applies to you because or you breathing. Otherwise, answer « false ».

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<td>36-</td>
<td>I take a long time to get washed or dressed.</td>
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<td>37-</td>
<td>I cannot take a bath or shower, or I take a long time.</td>
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<td>38-</td>
<td>I walk slower than other people, or else I stop for rests.</td>
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<td>39-</td>
<td>Jobs such as housework take a long time, or I have to stop for rests.</td>
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<td>40-</td>
<td>If I walk up one flight of stairs, I have to go slowly or stop.</td>
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<td>41-</td>
<td>If I hurry or walk fast, I have to stop or slow down.</td>
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<td>42-</td>
<td>My breathing makes it difficult to do things such as walking up hills, carrying things up stairs, light gardening such as weeding, dance, play bowling or play golf.</td>
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<td>43-</td>
<td>My breathing makes it difficult to do things such as carry heavy loads, dig the garden or shovel snow, jog or walk at 5 miles (8 km) per hour, play tennis or swim.</td>
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<td>44-</td>
<td>My breathing makes it difficult to do things such as carry heavy manual work, run, cycle, swim fast or play competitive sports.</td>
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**SECTION 7**
We would like to know how your chest trouble usually affects your daily life. Please answer either « true » or « false » as it applies to you because of your chest trouble. (remember that « true » only applies to you if you cannot do something because of your breathing.)

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<td>45-</td>
<td>I cannot play sports or games.</td>
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<td>46-</td>
<td>I cannot go out for entertainment or recreation.</td>
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<td>47-</td>
<td>I cannot go out of the house to do the shopping.</td>
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<td>48-</td>
<td>I cannot do the housework.</td>
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<td>49-</td>
<td>I cannot move far from my bed or chair.</td>
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Here is a list of other activities that your chest trouble may prevent you doing. (You do not have to choose; they are just to remind you of ways in which your breathlessness may affect you):

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

50- Please mention any other important activities that your chest trouble may stop you doing:

51- Now, would you choose (one only) which you think best describes how your chest trouble affects you:

1- It does not stop me doing anything I would like to do.
2- It stops me doing one or two things I would like to do.
3- It stops me doing most of the things I would like to do.
4- It stops me doing everything I would like to do.