

Patient ID:	<input type="text"/>	NOTE: format is RM2???????
Date of entry:	<input type="text"/>	
Date of birth:	<input type="text"/>	
Weight:	<input type="text"/>	
MRC score:	<input type="text"/>	

ST. GEORGE'S™ RESPIRATORY QUESTIONNAIRE (SGRQ)

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.

FOR **QUESTIONS 11-15** IF YOU FIND A QUESTION THAT DOES NOT APPLY TO YOU THEN YOU SHOULD ANSWER '**FALSE**'

PLEASE REMEMBER TO ENTER AN ANSWER TO **ALL QUESTIONS** APART FROM q8 (Wheeze) and q10 (Employment) WHICH YOU CAN LEAVE BLANK IF THEY DON'T APPLY IN YOUR CASE

FOR EACH QUESTION PLACE A **TICK OR CROSS** IN THE CORRESPONDING **SMALL CIRCLE TO THE LEFT OF YOUR ANSWER**

Before completing the rest of the questionnaire:

Please tick in one box to show how you describe your current health:

Very good
 Good
 Fair
 Poor
 Very poor

1) Over the past 4 weeks, I have coughed:

- Most days a week
- Several days a week
- A few days a month
- Only with chest infections
- Not at all

2) Over the past 4 weeks, I have brought up phlegm (sputum):

- Most days a week
- Several days a week
- A few days a month
- Only with chest infections
- Not at all

3) Over the past 4 weeks, I have had shortness of breath:

- Most days a week
- Several days a week
- A few days a month
- Only with chest infections
- Not at all

4) Over the last year, I have had attacks of wheezing:

- Most days a week
- Several days a week
- A few days a month
- Only with chest infections
- Not at all

5) During the past 4 weeks, how many severe or very unpleasant attacks of chest trouble have you had?

- More than three
- 3 attacks
- 2 attacks
- 1 attack
- None

6) How long did the worst attack of chest trouble last?

- A week or more
- 3 or more days
- 1 or 2 days
- Less than a day
- None

7) Over the past 4 weeks, how many good days (with little chest trouble) 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 have a wheeze, is it worse in the morning?

- No
- Yes

9) How would you describe your chest condition?

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

10) If you have ever had paid employment:

- My chest trouble made me stop work altogether
- My chest trouble interferes with my work or made me change my work
- My chest trouble does not affect my work

**Please ensure that you answer the following questions true or false.
Please do not leave them blank**

11) Questions about what activities usually make you feel breathless these days:

Sitting or lying still	<input type="radio"/> True <input type="radio"/> False	
Getting washed or dressed	<input type="radio"/> True <input type="radio"/> False	
Walking around the home	<input type="radio"/> True <input type="radio"/> False	
Walking outside on the level	<input type="radio"/> True <input type="radio"/> False	
Walking up a flight of stairs	<input type="radio"/> True <input type="radio"/> False	
Walking up hills	<input type="radio"/> True <input type="radio"/> False	
Playing sports or games	<input type="radio"/> True <input type="radio"/> False	

12) More questions about your cough and breathlessness these days:

My cough hurts	<input type="radio"/> True <input type="radio"/> False	
My cough makes me tired	<input type="radio"/> True <input type="radio"/> False	
I get breathless when I talk	<input type="radio"/> True <input type="radio"/> False	
I get breathless when I bend over	<input type="radio"/> True <input type="radio"/> False	
My cough or breathing disturbs my sleep	<input type="radio"/> True <input type="radio"/> False	
I get exhausted easily	<input type="radio"/> True <input type="radio"/> False	

13) Questions about other effects your chest trouble may have on you these days.

My cough or breathing is embarrassing in public	<input type="radio"/> True <input type="radio"/> False	
My chest trouble is a nuisance to my family, friends or neighbours	<input type="radio"/> True <input type="radio"/> False	
I get afraid or panic when I cannot get my breath	<input type="radio"/> True <input type="radio"/> False	
I feel that I am not in control of my chest problem	<input type="radio"/> True <input type="radio"/> False	
I do not expect my chest to get any better	<input type="radio"/> True <input type="radio"/> False	
I have become frail or an invalid because of my chest	<input type="radio"/> True <input type="radio"/> False	
Exercise is not safe for me	<input type="radio"/> True <input type="radio"/> False	
Everything seems too much of an effort	<input type="radio"/> True <input type="radio"/> False	

14) Questions about your medication.

	My medication does not help me very much	<input type="radio"/> True <input type="radio"/> False	
	I get embarrassed using my medication in public	<input type="radio"/> True <input type="radio"/> False	
	I have unpleasant side effects from my medication	<input type="radio"/> True <input type="radio"/> False	
	My medication interferes with my life a lot	<input type="radio"/> True <input type="radio"/> False	
	I take no medication	<input type="radio"/> True <input type="radio"/> False	

15) Questions about how activities may be affected by your breathing.

	I take a long time to get washed or dressed	<input type="radio"/> True <input type="radio"/> False	
	I cannot take a bath or shower, or I take a long time	<input type="radio"/> True <input type="radio"/> False	
	I walk more slowly than other people, or I stop for rests	<input type="radio"/> True <input type="radio"/> False	
	Jobs such as housework take a long time, or I have to stop for rests	<input type="radio"/> True <input type="radio"/> False	
	If I walk up one flight of stairs, I have to go slowly or stop	<input type="radio"/> True <input type="radio"/> False	
	If I hurry or walk fast I have to stop or slow down	<input type="radio"/> True <input type="radio"/> False	
	My breathing makes it difficult to do things such as walk up hills, carry things up stairs, light gardening such as weeding, dance, play bowls or play golf	<input type="radio"/> True <input type="radio"/> False	
	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 per hour, play tennis or swim	<input type="radio"/> True <input type="radio"/> False	
	My breathing makes it difficult to do things such as very heavy manual work, run, cycle, swim fast or play competitive sports	<input type="radio"/> True <input type="radio"/> False	

16) We would like to know how your chest trouble usually affects your daily life:

	I cannot play sports or games	<input type="radio"/> True <input type="radio"/> False	
	I cannot go out for entertainment or recreation	<input type="radio"/> True <input type="radio"/> False	
	I cannot go out of the house to do the shopping	<input type="radio"/> True <input type="radio"/> False	
	I cannot do housework	<input type="radio"/> True <input type="radio"/> False	
	I cannot move far from my bed or chair	<input type="radio"/> True <input type="radio"/> False	

17) Here is a list of other activities that your chest trouble may prevent you doing. (You do not have to tick these, 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, pub, club or 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 chest trouble may stop you doing:

Now would you tick in the box (one only) which you think best describes how your chest affects you:

	<input type="radio"/> It does not stop me doing anything I would like to do <input type="radio"/> It stops me doing one or two things I would like to do <input type="radio"/> It stops me doing most of the things I would like to do <input type="radio"/> It stops me doing everything I would like to do
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Thank you for filling in this questionnaire.

Before you finish would you please check to see that you have answered all the questions.