ST. GEORGE'S RESPIRATORY QUESTIONNAIRE
ORIGINAL ENGLISH VERSION

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.

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
☐	☐	☐	☐	☐

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St. George's Respiratory Questionnaire
PART 1

Questions about how much chest trouble you have had over the past 3 months.

Please tick (✓) *one box for each question*:

	most days a week	several days a week	a few days a month	only with chest infections	not at all
1. Over the past 3 months, I have coughed:	☐	☐	☐	☐	☐
2. Over the past 3 months, I have brought up phlegm (sputum):	☐	☐	☐	☐	☐
3. Over the past 3 months, I have had shortness of breath:	☐	☐	☐	☐	☐
4. Over the past 3 months, I have had attacks of wheezing:	☐	☐	☐	☐	☐

5. During the past 3 months how many severe or very unpleasant attacks of chest trouble have you had?

Please tick (✓) *one*:

- more than 3 attacks ☐
- 3 attacks ☐
- 2 attacks ☐
- 1 attack ☐
- no attacks ☐

6. How long did the worst attack of chest trouble last?
(Go to question 7 if you had no severe attacks)

Please tick (✓) *one*:

- a week or more ☐
- 3 or more days ☐
- 1 or 2 days ☐
- less than a day ☐

7. Over the past 3 months, in an average week, how many good days (with little chest trouble) have you had?

Please tick (✓) *one*:

- 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?

Please tick (✓) *one:*

- No ☐
- Yes ☐

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St. George's Respiratory Questionnaire
PART 2

Section 1

How would you describe your chest condition?

Please tick (✓) *one*:

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

If you have ever had paid employment.

Please tick (✓) *one*:

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	☐

Section 2

Questions about what activities usually make you feel breathless <u>these days</u>.

Please tick (✓) in ***each box*** that applies to you ***these days***:

	True	False
Sitting or lying still	☐	☐
Getting washed or dressed	☐	☐
Walking around the home	☐	☐
Walking outside on the level	☐	☐
Walking up a flight of stairs	☐	☐
Walking up hills	☐	☐
Playing sports or games	☐	☐

continued…

St. George's Respiratory Questionnaire
PART 2

Section 3

Some more questions about your cough and breathlessness <u>these days</u>.

	Please tick (✓) in ***each box*** that applies to you ***these days***: True	False
My cough hurts	☐	☐
My cough makes me tired	☐	☐
I am breathless when I talk	☐	☐
I am breathless when I bend over	☐	☐
My cough or breathing disturbs my sleep	☐	☐
I get exhausted easily	☐	☐

Section 4

Questions about other effects that your chest trouble may have on you <u>these days</u>.

	Please tick (✓) in ***each box*** that applies to you ***these days***: True	False
My cough or breathing is embarrassing in public	☐	☐
My chest trouble is a nuisance to my family, friends or neighbours	☐	☐
I get afraid or panic when I cannot get my breath	☐	☐
I feel that I am not in control of my chest problem	☐	☐
I do not expect my chest to get any better	☐	☐
I have become frail or an invalid because of my chest	☐	☐
Exercise is not safe for me	☐	☐
Everything seems too much of an effort	☐	☐

Section 5

Questions about your medication, if you are receiving no medication go straight to section 6.

	Please tick (✓) in ***each box*** that applies to you ***these days***: True	False
My medication does not help me very much	☐	☐
I get embarrassed using my medication in public	☐	☐
I have unpleasant side effects from my medication	☐	☐
My medication interferes with my life a lot	☐	☐

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St. George's Respiratory Questionnaire
PART 2

Section 6

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

Please tick (✓) in ***each box*** that 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	☐	☐
I walk slower than other people, or I stop for rests	☐	☐
Jobs such as housework take a long time, or I have to stop for rests	☐	☐
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, play bowls 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 at 5 miles per hour, play tennis or swim	☐	☐
My breathing makes it difficult to do things such as very heavy manual work, run, cycle, swim fast or play competitive sports	☐	☐

Section 7

We would like to know how your chest <u>usually</u> affects your daily life.

Please tick (✓) in ***each box*** that applies to you ***because of your chest trouble***:

	True	False
I cannot play sports or games	☐	☐
I cannot go out for entertainment or recreation	☐	☐
I cannot go out of the house to do the shopping	☐	☐
I cannot do housework	☐	☐
I cannot move far from my bed or chair	☐	☐

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St. George's Respiratory Questionnaire

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:

It does not stop me doing anything I would like to do ☐

It stops me doing one or two things I would like to do ☐

It stops me doing most of the things I would like to do ☐

It stops me doing everything I would like to do ☐

Thank you for filling in this questionnaire. Before you finish would you please check to see that you have answered all the questions.