

**ST. GEORGE'S RESPIRATORY QUESTIONNAIRE
ORIGINAL ENGLISH VERSION**

WITH GUIDANCE NOTES
Not to be administered to patients

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that Part 1 has the 3 month timescale. The guidance notes also apply to versions having the 4 week timescale in Part 1

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**UK/ English (original) version
with guidance notes**

St. George's Respiratory Questionnaire PART 1

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

Emphasise to the patient that we are interested in how much chest trouble they have had over the last three months, eg "generally, how have you been over the last three months?". The exact calendar time is not important. Patients cannot reliably recall more than a few weeks. We are looking for an impression or perception of health.

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: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Over the past 3 months, I have brought up phlegm (sputum): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Over the past 3 months, I have had shortness of breath: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Over the past 3 months, I have had attacks of wheezing: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Check that one box has been ticked for each question. Ticks may have been transposed to boxes either above or below the appropriate line.
Check for double entries.**

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

**"Severe or very unpleasant attacks of chest trouble" can be further described as "whatever is a bad attack for you" (ie in the patient's own judgement, not bad as defined by doctor or nurse).
Check that only one box has been ticked.**

Query double ticking.

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

Or “how long did the most severe attack of chest trouble last ?” This response should relate to Item 5.

If “no attacks” was the response for Item 5, then this item will be blank.

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

The real meaning of this item is often misinterpreted because the polarity of the questions and responses is reversed compared to the previous items. The item refers to “how well have you been?” Make it clear that it is the number of good days (in an average week over the last three months) that we are interested in, ie we are asking for positive information, and not negative as in the previous questions.

It may help to give an example, eg “None’ means no good days in an average week, so you had the chest trouble all the time. ‘Every day’ means you were well every day of an average week, so you had hardly any chest trouble at all”.

Check that the response to this item agrees with Items 1-4. Ensure that only one box has been ticked.

8. If you have a wheeze, is it worse in the morning?

Please tick (✓) one:

No

Yes

If the patient does not have a wheeze no response will be given. Check that no response means no wheeze by asking the patient, or referring back to Item 4.
Patients should respond positively if their wheeze is worse in the morning compared to any other time of the day or night.

St. George's Respiratory Questionnaire PART 2

Section 1

(Q 9) 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

This item may be further explained by “is your chest trouble the most important problem you have in your life ?” or “do you worry about your chest trouble more than anything else?” Emphasise that “the most important problem” is worse than “causes me a lot of problems”. The plurality here gives some patients difficulty.
Check that one box has been ticked.

(Q 10) 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

If “my chest trouble made me stop work” is ticked, ensure that giving up work permanently is what is meant. Patients often slip in a “has”, so that their response means they have taken days off work or a period of time off work.
Retiring early because of health problems relating to chest trouble is an appropriate reason for responding to this item.
If “chest trouble interferes with my work” is ticked, appropriate reasons are:- having to take time off because of illness or frequent visits to the doctor, or changing jobs to one less physically demanding or less stressful.
Environmental factors may instigate a job change.
If the patient has never been in paid employment, then this item is left blank. Ensure that no response means “never employed”.

Section 2

Questions about what activities usually make you feel breathless these days.

A major change in response style occurs here.

Up to now the patients have chosen one option from several. For this section (and most of the remaining sections) true or false must be ticked for each and every item. It is worth making this plain.

Questions apply to these days so “generally how are you at the moment?”

(Q 11) Please tick (✓) in **each box** that applies to you **these days**:

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

Many patients do not engage in physical activity. However, it must be determined whether this is a genuine lack of inclination or a limitation because of chest trouble.

A response should be made if the patient would like to be able to play sports and games, but cannot because of their chest trouble.

St. George's Respiratory Questionnaire PART 2

Section 3

Some more questions about your cough and breathlessness these days.

(Q 12) Please tick (✓) in **each box** that applies to you **these days**:

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

Eg difficulty getting to sleep, waking up in the night with symptoms, waking early in the morning with symptoms.

I get exhausted easily

Eg doing normal daily activities such as washing, dressing or housework.

Section 4

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

(Q 13) Please tick (✓) in **each box** that applies to you **these days**:

	True	False
My cough or breathing is embarrassing in public	<input type="checkbox"/>	<input type="checkbox"/>
My chest trouble is a nuisance to my family, friends or neighbours	<input type="checkbox"/>	<input type="checkbox"/>

Eg keeps partner or household awake with coughing, relies on friends or family for lifts to hospital, or for collecting prescriptions.

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

ie than it is at the moment

Section 4 (cont/d)

I have become frail or an invalid because of my chest
Exercise is not safe for me

Eg feel that exercise is not safe for you because of your chest trouble

Everything seems too much of an effort

Section 5

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

(Q 14) Please tick (✓) in **each box** that applies to you **these days**:

	True	False
My medication does not help me very much	<input type="checkbox"/>	<input type="checkbox"/>
I get embarrassed using my medication in public	<input type="checkbox"/>	<input type="checkbox"/>
I have unpleasant side effects from my medication	<input type="checkbox"/>	<input type="checkbox"/>

Eg weight gain from steroids, papery skin, 'shakes'

My medication interferes with my life a lot

Eg restricts mobility if on oxygen, having to remember to take it with you at all times

St. George's Respiratory Questionnaire PART 2

Section 6

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

Emphasise to the patient that the experienced difficulties should be because of their breathing and not because of any other health problems or physical difficulties

(Q 15) 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	<input type="checkbox"/>	<input type="checkbox"/>
I cannot take a bath or shower, or I take a long time	<input type="checkbox"/>	<input type="checkbox"/>
I walk slower than other people, or I stop for rests	<input type="checkbox"/>	<input type="checkbox"/>
Jobs such as housework take a long time, or I have to stop for rests	<input type="checkbox"/>	<input type="checkbox"/>
If I walk up one flight of stairs, I have to go slowly or stop	<input type="checkbox"/>	<input type="checkbox"/>
If I hurry or walk fast, I have to stop or slow down	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
My breathing makes it difficult to do things such as very heavy manual work, run, cycle, swim fast or play competitive sports	<input type="checkbox"/>	<input type="checkbox"/>

These items refer to levels of activity and some patients do have difficulty with the format. The first item indicates breathlessness with a low level of physical activity, the items following this indicate breathlessness with moderate and demanding physical activity.

A patient with mild-moderate disease might answer 'true' to the last two items, a patient with severe disease might answer 'true' to all three items. However some patients respond to the severity of breathlessness induced rather than the level of limitation imposed by the breathlessness.

If patients do not engage in the specific activities mentioned for each item, they should tick 'false'. Emphasise that these are examples of specific levels of activity. Patients who do not engage in demanding physical activity through choice should tick 'false'. Patients who would like to, but are limited by their breathlessness in participating in physical activity should tick 'true'.

Check that the indicated level of limitation cross-references with the previous items in section 6 and those in section 2.

St. George's Respiratory Questionnaire

Section 7

We would like to know how your chest usually affects your daily life.

This item can be further explained by “does your chest trouble stop you from doing any of the following? Only respond to those items that you would like to do but your chest trouble prevents you from doing”. Either ‘true’ or ‘false’ should be ticked for each statement

(Q 16) Please tick (✓) in **each box** that applies to you **because of your chest trouble**:

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

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

These are just examples and do not need to be ticked

Please write in any other important activities that your chest trouble may stop you doing:

.....

.....

.....

This section acts as a focus for the last item, so that the degree of limitation imposed on patients by their chest trouble is uppermost

(Q 17) 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

Check that one box has been ticked

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

FINALLY

Check through missing data or any incongruous responses. In the case of missing data, bring this to the patient's attention. There may be a valid reason for the omission or it may have been missed by mistake. Double check with the patient on any apparent inconsistencies without being critical or directive.