CHRONIC RESPIRATORY QUESTIONNAIRE - FIRST ADMINISTRATION s/a-s 1(10)

This questionnaire is designed to find out how you have been feeling during the last 2 weeks. In the first section, you will be asked to answer questions about activities which make some people feel short of breath. In the next section, you will answer questions about your mood and how you have been feeling.

Please read these instructions for completing this questionnaire:

Please read each question carefully and then place an “x” in the box beside the answer that best describes you. If you are unsure about how to answer a question, please give the best answer you can. If you would like to change an answer, put a line through the box you want to change. Place an “x” in the box beside the option you would like to choose instead.

Remember, there are no right or wrong answers.

Your answers to this questionnaire will be kept confidential.

Please continue on the next page.
Below is a list of activities which make some people with lung problems feel short of breath.

For each of the items below, place an “x” in the box that best describes how much shortness of breath you have had while doing that activity during the **LAST 2 WEEKS**.

The last column has been provided for you to indicate if you have **NOT DONE** an activity during the last two weeks.

<table>
<thead>
<tr>
<th>ACTIVITIES:</th>
<th>Extremely short of breath</th>
<th>Very short of breath</th>
<th>Quite a bit short of breath</th>
<th>Moderate shortness of breath</th>
<th>Some shortness of breath</th>
<th>A little shortness of breath</th>
<th>Not at all short of breath</th>
<th>Not Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Feeling emotional such as angry or upset</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>2 Taking care of your basic needs (bathing, showering, eating or dressing)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>3 Walking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>4 Performing chores (such as housework, shopping, groceries)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>5 Participating in social activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
These next questions ask you about your energy in general and how your mood has been during the **LAST 2 WEEKS**. Please put an “x” in a box, from 1 to 7, that best describes how you have felt.

6. In general, how much of the time during the **LAST 2 WEEKS** have you felt frustrated or impatient?
   
   1. All of the time  
   2. Most of the time  
   3. A good bit of the time  
   4. Some of the time  
   5. A little of the time  
   6. Hardly any of the time  
   7. None of the time  

7. How often during the **LAST 2 WEEKS** did you have a feeling of fear or panic when you had difficulty getting your breath?
   
   1. All of the time  
   2. Most of the time  
   3. A good bit of the time  
   4. Some of the time  
   5. A little of the time  
   6. Hardly any of the time  
   7. None of the time  

(Place an “x” in one box only)
8. What about fatigue? How tired have you felt over the **LAST 2 WEEKS**?

1. Extremely tired
2. Very tired
3. Quite a bit of tiredness
4. Moderately tired (Place an “x” in one box only)
5. Somewhat tired
6. A little tired
7. Not at all tired

9. How often during the **LAST 2 WEEKS** have you felt embarrassed by your coughing or heavy breathing?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time (Place an “x” in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

Please continue to the next page
10. In the **LAST 2 WEEKS**, how much of the time did you feel very confident and sure that you could deal with your illness?

   1. None of the time
   2. A little of the time
   3. Some of the time
   4. A good bit of the time  (Place an “x” in one box only)
   5. Most of the time
   6. Almost all of the time
   7. All of the time

11. How much energy have you had in the **LAST 2 WEEKS**?

   1. No energy at all
   2. A little energy
   3. Some energy
   4. Moderately energetic  (Place an “x” in one box only)
   5. Quite a bit of energy
   6. Very energetic
   7. Full of energy

   Please continue to the next page
12. In general, how much of the time did you feel upset, worried, or depressed during the **LAST 2 WEEKS**?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. Hardly any of the time
7. None of the time

(Place an “x” in one box only)

13. How often during the **LAST 2 WEEKS** did you feel you had complete control of your breathing problems?

1. None of the time
2. A little of the time
3. Some of the time
4. A good bit of the time
5. Most of the time
6. Almost all of the time
7. All of the time

(Place an “x” in one box only)

Please continue to the next page
14. How much of the time during the **LAST 2 WEEKS** did you feel relaxed and free of tension?

1. None of the time

2. A little of the time

3. Some of the time

4. A good bit of the time

5. Most of the time

6. Almost all of the time

7. All of the time

(Place an “x” in one box only)

15. How often during the **LAST 2 WEEKS** have you felt low in energy?

1. All of the time

2. Most of the time

3. A good bit of the time

4. Some of the time

5. A little of the time

6. Hardly any of the time

7. None of the time

(Place an “x” in one box only)

Please continue to the next page
16. In general, how often during the **LAST 2 WEEKS** have you felt discouraged or down in the dumps?

1. All of the time  
2. Most of the time  
3. A good bit of the time  
4. Some of the time  
5. A little of the time  
6. Hardly any of the time  
7. None of the time

(Place an “x” in one box only)

17. How often during the **LAST 2 WEEKS** have you felt worn out or sluggish?

1. All of the time  
2. Most of the time  
3. A good bit of the time  
4. Some of the time  
5. A little of the time  
6. Hardly any of the time  
7. None of the time

(Place an “x” in one box only)

Please continue to the next page
18. How happy, satisfied, or pleased have you been with your personal life during the **LAST 2 WEEKS**?

1. Very dissatisfied, unhappy most of the time
2. Generally dissatisfied, unhappy
3. Somewhat dissatisfied, unhappy
4. Generally satisfied, pleased
5. Happy most of the time
6. Very happy most of the time
7. Extremely happy, could not be more satisfied or pleased

(Place an “x” in one box only)

19. How often during the **LAST 2 WEEKS** did you feel upset or scared when you had difficulty getting your breath?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. Hardly any of the time
7. None of the time

(Place an “x” in one box only)

Please continue to the next page
20. In general, how often during the LAST 2 WEEKS have you felt restless, tense, or uptight?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time (Place an “x” in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

THANK YOU