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**MCMASTER UNIVERSITY
CANADA**

**CHRONIC RESPIRATORY QUESTIONNAIRE
SELF-ADMINISTERED, STANDARDIZED FORMAT**

(CRQ-SAS)

FIRST ADMINISTRATION

CHRONIC RESPIRATORY QUESTIONNAIRE - SELF ADMINISTERED - STANDARDIZED ACTIVITIES - "CRQ-SAS"
FIRST ADMINISTRATION

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY		MONTH		YEAR	

CHRONIC RESPIRATORY QUESTIONNAIRE CRQ-SAS- FIRST ADMINISTRATION

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.
- There are no right or wrong answers.
- Your answers to this questionnaire will be kept confidential.

Please continue to the next page.

QS (Questionnaires)

QSCAT = CRQ-SAS FIRST ADMINISTRATION VERSION

CHRONIC RESPIRATORY QUESTIONNAIRE - SELF ADMINISTERED - STANDARDIZED ACTIVITIES - "CRQ-SAS" FIRST ADMINISTRATION

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		QSDTC			
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CRQ -SAS- 1ST ADMINISTRATION

Below is a list of activities which make some people with lung problems feel short of breath.

For each of the activities 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**.

QSEVLINT = -P2W

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

QSORRES

(Place an "x" in one box on each line)

Extremely short of breath	Very short of breath	Quite a bit short of breath	Moderate shortness of breath	Some shortness of breath	A little shortness of breath	Not at all short of breath	Not Done
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ACTIVITIES:

QSTESTCD = CRQ0101

1 Feeling emotional such as angry or upset

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

QSSTRESC/QSSTRESN

QSTESTCD = CRQ0102

2 Taking care of your basic needs (bathing, showering, eating or dressing)

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

QSTESTCD = CRQ0103

3 Walking

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

QSTESTCD = CRQ0104

4 Performing chores (such as housework, shopping, groceries)

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

QSTESTCD = CRQ0105

5 Participating in social activities

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

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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.

QSTESTCD = CRQ0106

6. In general, how much of the time during the **LAST 2 WEEKS** have you felt frustrated or impatient?

QSORRES

- | | | |
|----|------------------------|--------------------------|
| 1. | All of the time | <input type="checkbox"/> |
| 2. | Most of the time | <input type="checkbox"/> |
| 3. | A good bit of the time | <input type="checkbox"/> |
| 4. | Some of the time | <input type="checkbox"/> |
| 5. | A little of the time | <input type="checkbox"/> |
| 6. | Hardly any of the time | <input type="checkbox"/> |
| 7. | None of the time | <input type="checkbox"/> |
- QSSTRESC/QSSTRESN
(Place an "x" in one box only)

QSTESTCD = CRQ0107

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 | <input type="checkbox"/> |
| 2. | Most of the time | <input type="checkbox"/> |
| 3. | A good bit of the time | <input type="checkbox"/> |
| 4. | Some of the time | <input type="checkbox"/> |
| 5. | A little of the time | <input type="checkbox"/> |
| 6. | Hardly any of the time | <input type="checkbox"/> |
| 7. | None of the time | <input type="checkbox"/> |
- (Place an "x" in one box only)

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CRQ -SAS- 1ST ADMINISTRATION

QSTESTCD = CRQ0108

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

QSTESTCD = CRQ0109

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

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QSTESTCD = CRQ0110

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

QSTESTCD = CRQ0111

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

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CRQ -SAS- 1ST ADMINISTRATION

QSTESTCD = CRQ0112

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 (Place an "x" in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

QSTESTCD = CRQ0113

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 (Place an "x" in one box only)
5. Most of the time
6. Almost all of the time
7. All of the time

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QSTESTCD = CRQ0114

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 (Place an "x" in one box only)
5. Most of the time
6. Almost all of the time
7. All of the time

QSTESTCD = CRQ0115

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 (Place an "x" in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

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QSTESTCD = CRQ0116

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 (Place an "x" in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

QSTESTCD = CRQ0117

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 (Place an "x" in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

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QSTESTCD = CRQ0118

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 (Place an "x" in one box only)
5. Happy most of the time
6. Very happy most of the time
7. Extremely happy, could not be more satisfied or pleased

QSTESTCD = CRQ0119

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 (Place an "x" in one box only)
5. A little of the time
6. Hardly any of the time
7. None of the time

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QSTESTCD = CRQ0120

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