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**MCMASTER UNIVERSITY  
CANADA**

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

**(CRQ-SAS)**

**FOLLOW UP ADMINISTRATION**

**CHRONIC RESPIRATORY QUESTIONNAIRE - SELF ADMINISTERED -  
STANDARDIZED ACTIVITIES - "CRQ-SAS"  
FOLLOW-UP - ADMINISTRATION**

---

Date

DAY		MONTH		YEAR			

**CHRONIC RESPIRATORY QUESTIONNAIRE CRQ-SAS- FOLLOW UP**

You have previously completed a questionnaire containing questions on how you have been feeling and how your lung disease was affecting your life. This is a follow up questionnaire designed to ask you how you have been since that time.

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 to the next page.

# QS (Questionnaires)

QSCAT = CRQ-SAS FOLLOW-UP ADMINISTRATION VERSION

## CHRONIC RESPIRATORY QUESTIONNAIRE - SELF ADMINISTERED - STANDARDIZED ACTIVITIES - "CRQ-SAS" FOLLOW-UP - ADMINISTRATION

Date 

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### CRQ -SAS- FOLLOW UP

This questionnaire is designed to find out how you have been getting along since the last time you saw us. You previously completed this questionnaire telling us how short of breath you were while performing the following activities.

For each of the activities below, place an "x" in the box that best describes how much shortness of breath you have had during the **LAST 2 WEEKS** while performing that activity. **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 = CRQ0201**

1 Feeling emotional such as angry or upset

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

**QSTESTCD = CRQ0202**

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

**QSSTRESC/QSSTRESN**

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

**QSTESTCD = CRQ0203**

3 Walking

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

**QSTESTCD = CRQ0204**

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

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

**QSTESTCD = CRQ0205**

5 Participating in social activities

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

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**CRQ -SAS- FOLLOW UP**

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 = CRQ0206**

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"/> | <b>QSSTRESC/QSSTRESN</b>       |
| 4. | Some of the time       | <input type="checkbox"/> | (Place an "x" in one box only) |
| 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"/> |                                |

**QSTESTCD = CRQ0207**

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"/> | (Place an "x" in one box only) |
| 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"/> |                                |

Please continue to the next page.

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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0208**

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 = CRQ0209**

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.

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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0210**

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 = CRQ0211**

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.

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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0212**

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 = CRQ0213**

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

Please continue to the next page.

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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0214**

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 = CRQ0215**

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

Please continue to the next page.



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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0216**

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 = CRQ0217**

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

Please continue to the next page.

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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0218**

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             | <input type="checkbox"/> |                                |
| 2. | Generally dissatisfied, unhappy                         | <input type="checkbox"/> |                                |
| 3. | Somewhat dissatisfied, unhappy                          | <input type="checkbox"/> |                                |
| 4. | Generally satisfied, pleased                            | <input type="checkbox"/> | (Place an "x" in one box only) |
| 5. | Happy most of the time                                  | <input type="checkbox"/> |                                |
| 6. | Very happy most of the time                             | <input type="checkbox"/> |                                |
| 7. | Extremely happy, could not be more satisfied or pleased | <input type="checkbox"/> |                                |

**QSTESTCD = CRQ0219**

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        | <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"/> | (Place an "x" in one box only) |
| 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"/> |                                |

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**CRQ -SAS- FOLLOW UP**

**QSTESTCD = CRQ0220**

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