Questionnaire: SP Target Group: SP1+

RESPIRATORY HEALTH AND DISEASE - RDQ

	BOX 1 CHECK ITEM RDQ.005: IF SP AGE >=12, GO TO RDQ.030. OTHERWISE, CONTINUE			
RDQ.010	In the past 12 months , has {SP} had problems with coughing?			
		YES	7 (RDQ.070)	
RDQ.020	[In the past 12 months], how	many episodes of coughing has {SP} had?		
		 ENTER NUMBER OF EPISODES		
		12 OR MORE EPISODES	66 77	
	BOX 2			
	CHECK ITEM RDQ.025: GO TO RDQ.070.			
RDQ.030	{Do you/Does SP} usually cough on most days for 3 consecutive months or more during the year?			
		YES	1 2 (RDQ.050) 7 (RDQ.050) 9 (RDQ.050)	
RDQ.040	For how many years {have you/has SP} had this cough?			
	IF LESS THAN 1 YEAR, ENTER 1			
		 ENTER NUMBER OF YEARS		
		REFUSED		

RDQ.050	{Do you/Does SP} bring up phlegm on most days for 3 consecutive months or more during the year?		
	YES		
RDQ.060	For how many years, {have you/has SP} had trouble with phlegm?		
	IF LESS THAN 1 YEAR, ENTER 1		
	ENTER NUMBER OF YEARS		
	REFUSED		
RDQ.070	In the past 12 months {have you/has SP} had wheezing or whistling in {your/his/her} chest?		
	YES		
RDQ.080	[In the past 12 months], how many attacks of wheezing or whistling {have you/has SP} had?		
	IF 12 OR MORE EPISODES, ENTER 12		
	ENTER NUMBER OF EPISODES		
	REFUSED		
RDQ.090	[In the past 12 months], how often, on average, has {your/SP's} sleep been disturbed because of wheezing? Would you say this happens		
	never, 0 1 or more nights per week, or 1 less than 1 night per week? 2 REFUSED 7 DON'T KNOW 9		
RDQ.100	[In the past 12 months], has {your/SP's} chest sounded wheezy during or after exercise or physical activity?		
	YES 1		
	NO 2 REFUSED 7		
	DON'T KNOW		

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IF 'NEVER' (CODE 0) IN RDQ.090, AND IF NO (CODE 2), REFUSED (CODE 7), OR DON'T KNOW (CODE 9) IN RDQ.100, GO TO RDQ.140.
OTHERWISE, CONTINUE.

RDQ.110	[In the past 12 months], has the wheezing ever been severe enough to limit {your/SP's} speech to cor two words at a time between breaths?			
		NO WORDS OR LANGUAGE YES NO REFUSED DON'T KNOW	0 1 2 7 9	
RDQ.120	[In the past 12 months], how many times {have you/has SP} gone to the doctor's office or emergency room for one or more of these attacks of wheezing or whistling?			
	IF NEVER, ENTER 0			
		_ ENTER NUMBER		
		REFUSED		
RDQ.130	0 [In the past 12 months], {have you/has SP} taken any medication for wheezing or whistling?			
		YES	(= = = 7	
RDQ.133	Was the medicine prescribed	by a doctor?		
		YES	1 2 7 9	
RDQ.135 During the past 12 months , how much did {you/SP} limit {your/hwhistling? Would you say			activities due to wheezing or	
		not at all a little, a fair amount, a moderate amount, or a lot? REFUSED	1 2 3 4 5 7	

	ITEM	

IF SP AGE = 6-69 YEARS, CONTINUE. OTHERWISE, GO TO RDQ.140.

RDQ.137 During the **past 12 months**, how many days of work or school did {you/SP} miss due to wheezing or whistling?

NONE	0
1 TO 7	1
8 TO 30	2
31 PLUS	3
REFUSED	7
DON'T KNOW	9

RDQ.140 [In the **past 12 months**], {have you/has SP} had a dry cough at night **not counting** a cough associated with a cold or chest infection lasting **14 days** or more?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9