

严重呼吸功能不全问卷

Severe Respiratory Insufficiency Questionnaire

SRI

严重呼吸功能不全患者的健康问卷

亲爱的患者!

我们正在治疗你的呼吸系统疾病。请填写这份问卷，以便我们能评估你目前的健康状况。请回答每一个问题，并标记出最合适的答案。问卷填写均是自愿的。所有数据均受患者/医生保密规则的约束，并将被严格保密。你的主诊医师会很乐意回答你的任何问题。

患者编号:

SRI

下面的问题与你的一般情况有关。你会看到与你日常生活各个相关方面的描述。
你上周感觉如何? 对于以下每一个描述, 请标出最符合你情况的答案。

	完全不符合	通常不符合	有时符合	通常符合	完全符合
	- 2	- 1	0	1	2
1. 我感到上楼困难	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. 我吃饭时感到呼吸不顺畅	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. 我晚上能外出	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. 我经常感到痛苦难过	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. 非重体力活动时我也感到呼吸不顺畅	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. 我经常头疼	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. 我有很多朋友/熟人	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. 我担心我的疾病会恶化	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. 我容易入睡	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. 我容易和他人相处	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. 我有时头晕	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. 我曾夜间憋醒	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. 我担心夜间出现呼吸困难	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. 我经常脖子痛	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. 我大部分活动都在室内	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. 做家务对我来说很困难	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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你上周感觉如何? 对于以下每一个描述, 请标出最符合你情况的答案。

	完全不符合	通常不符合	有时符合	通常符合	完全符合
	- 2	- 1	0	1	2
17. 我夜间睡眠时经常醒来	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. 我容易睡一整夜	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19. 我经常气促	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20. 我对未来感到乐观	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21. 我感到孤单	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22. 我说话时感到呼吸困难	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23. 客人的拜访使我精疲力竭.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24. 我总是咳嗽	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25. 我有很多粘痰	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
26. 我避免因呼吸问题造成尴尬的场合	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
27. 与朋友/熟人在一起时我感觉很好	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28. 我担心呼吸困难发作	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29. 做重体力活动时我感到呼吸困难	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
30. 我对疾病对我造成的限制很恼怒	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
31. 我的伴侣/家人因我的疾病而痛苦	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
32. 我能去购物	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
33. 我能从事所有的兴趣爱好	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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你上周感觉如何? 对于以下每一个描述, 请标出最符合你情况的答案。

	完全不符合	通常不符合	有时符合	通常符合	完全符合
	- 2	- 1	0	1	2
34. 我经常易怒	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
35. 因我的疾病, 我与朋友/熟人的联系受到限制	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36. 我享受我的生活	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37. 我能参加社会活动	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38. 我经常感到悲伤	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39. 我的呼吸困难使我在公共场合很苦恼	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40. 我经常紧张不安	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41. 我能自己穿衣服	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42. 我白天很疲劳	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43. 我感到被孤立	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44. 我能处理好我的疾病	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45. 我的呼吸困难限制了我的日常活动	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46. 我的家庭生活因我的疾病受到影响	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47. 因我的呼吸问题, 我和其他人的联系中断	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48. 我的休闲机会很有限	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49. 总的来说, 我对我的生活满意	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

谢谢!

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Severe Respiratory Insufficiency Questionnaire

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General Health Questionnaire for patients with
Severe Respiratory Insufficiency

Dear patient!

We are treating you for your respiratory disorder. Please fill in this questionnaire so that we can assess your current state of general health. Please answer every question by marking the appropriate answer once with a cross. Participation is, of course, voluntary. All data is bound by the rules of patient/doctor confidentiality and will be treated in strict confidence. Your attending physician will be pleased to answer any questions you may have.

Code number:

SRI

The following question relate to your general condition. You will see statements related to various aspects of daily life.

How did you feel **last week**? For EVERY statement please mark the answer that best applies to you.

	completely untrue	mostly untrue	sometimes true	mostly true	always true
	- 2	- 1	0	1	2
1. I find it difficult to climb stairs.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I suffer from breathing problems when I eat.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I can go out in the evening.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I often feel miserable.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I suffer from breathing problems even without physical exertion.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I often have a headache.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I have many friends and acquaintances.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I worry that my illness might worsen.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
9. I go to sleep easily.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
10. I can deal with other people easily.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
11. I sometimes feel dizzy.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
12. I wake up at night with breathing difficulties.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
13. I am afraid of having breathing difficulties at night.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14. I often have neck pain.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. I am largely confined to the house.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
16. Housework is difficult for me.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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How did you feel **last week**? For EVERY statement please mark the answer that best applies to you.

	completely untrue	mostly untrue	sometimes true	mostly true	always true
	- 2	- 1	0	1	2
17. I often wake up at night.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
18. I sleep through the night easily.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
19. I am often short of breath.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
20. I am optimistic about the future.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
21. I feel lonely.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
22. I have trouble breathing when I speak.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
23. Visitors exhaust me.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
24. I cough a lot.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
25. There is often mucus in my airways.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
26. I avoid situations where my breathing problems might embarrass me.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
27. I feel good when I am with friends/ acquaintances.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
28. I am afraid of having a bout of difficult breathing.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
29. I have difficulties breathing during physical exertion.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
30. I am irritated by the limitations caused by my illness.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
31. My marriage/relationship is suffering because of my illness.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
32. I can go shopping.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
33. I can pursue all hobbies that interest me.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

How did you feel **last week**? For EVERY statement please mark the answer that best applies to you.

	completely untrue	mostly untrue	sometimes true	mostly true	always true
	- 2	- 1	0	1	2
34. I am often irritable.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
35. My contact with friends/acquaintances is limited by my illness.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36. I am enjoying life.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37. I can take part in social events.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38. I am often sad.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39. My breathing difficulties bother me in public situations.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40. I am often nervous.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41. I can dress myself.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42. I am tired during the day.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43. I feel isolated.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44. I can cope well with my illness.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45. My breathing difficulties impair me in everyday activities.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46. My family life is suffering because of my illness.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47. I have broken off contact to other people because of my breathing problems.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48. My free-time opportunities are limited.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49. I am satisfied with life in general.	<input type="checkbox"/> - 2	<input type="checkbox"/> - 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Thank you!

慢性呼吸疾病问卷（CRQ）

这份问卷是帮助您了解自己在过去两星期的感受,您会被问及您的气促程度,您的疲倦程度及您的心情。

I. 我想请您回想,在过去2周中,让您觉得呼吸急促的活动,这些活动应该是您常常做,而且对您的日常生活而言重要的活动。

[在答案表上将病人所提到每项活动圈起来。如果提及的活动是在原表中没有,请在空栏处附加,并根据病人的描述填写。]

请您再想想在过去两星期内,有没有其他活动做起来令您觉得气促?

[请记录患者的回复]

II. 现在我会念出一连串的活动,而这些活动一般会令有肺部疾病的病人觉得气促。在念出每一项活动后,我会暂停一下,好让您告诉我在过去两周做这项活动时,会不会觉得呼吸急促。如果您在过去两周中没有做过这项活动,请回答「无」即可。

[请读出活动表,略过病人已经自行提出的活动。在读出每项活动后稍停片刻,让病人有机会表示其在两周内从事该活动时是否觉得呼吸急促。请在答案表上将病人提及的活动圈起来。]

1. 生气或烦躁	14. 做运动
2. 洗澡或淋浴	15. 伸手过头取物
3. 弯腰(拾物)	16. 跑步(追公交)
4. 搬动东西(杂货)	17. 逛街购物
5. 穿衣服	18. 要睡觉时
6. 吃东西	19. 讲话
7. 散步	20. 用吸尘器打扫
8. 做家务	21. 在家附近走路
9. 赶时间	22. 走上坡路
10. 整理床铺	23. 上楼梯
11. 抹地或拖地	24. 与别人一起走平路
12. 搬动家具	25. 做饭
13. 与小孩或孙儿玩耍	

III A) 您所选择的活动中,哪一个在您日常生活中是最重要的?我将会读一次您所选择的活动,当我读完时,请您告诉我哪一个是最重要的?

[请读出病人自行提出的活动及从活动表中选出来的活动]

在这些活动中，哪一个活动是您在日常生活中最重要的？

[请在答案表中记录。此活动为活动 1。]

III B) 在剩下的活动中，哪一个是在您日常生活中是最重要的？我将会读一次您所选择的活动，当我读完时，请您告诉我哪一个是最重要的？

[请将剩下的活动重复读一遍]

在这些活动中，哪一个活动是您在日常生活中最重要的？

[请在答案表中记录。此活动为活动 2。]

III C) 剩下的活动中，哪一个是在您日常生活中最重要的？

[请在答案表中记录。此活动为活动 3。]

III D) 剩下的活动中，哪一个是在您日常生活中最重要的？

[请在答案表中记录。此活动为活动 4。]

III E) 剩下的活动中，哪一个是在您日常生活中最重要的？

[请在答案表中记录。此活动为活动 5。]

IV. 请您描述在过去**两周**中，当您从事您挑选的五项重要活动时，觉得呼吸急促的程度。

1. 请在下列的选项中，选出适当的选项，以表示您在过去两周中，从事[活动1]时，觉得呼吸急促的程度

1. 呼吸极度急促
2. 呼吸非常急促
3. 呼吸颇为急促
4. 呼吸中度急促
5. 呼吸有些急促
6. 呼吸轻微急促
7. 一点也不呼吸急促

2. 请在下列的选项中，选出适当的选项，以表示您在过去两周中，从事[活动2]时，觉得呼吸急促的程度。

1. 呼吸极度急促
2. 呼吸非常急促
3. 呼吸颇为急促
4. 呼吸中度急促
5. 呼吸有些急促
6. 呼吸轻微急促
7. 一点也不呼吸急促

3. 请在下列的选项中，选出适当的选项，以表示您在过去两周中，从事[活动3]时，觉得呼吸急促的程度。

1. 呼吸极度急促
2. 呼吸非常急促
3. 呼吸颇为急促
4. 呼吸中度急促
5. 呼吸有些急促
6. 呼吸轻微急促
7. 一点也不呼吸急促

4. 请在下列的选项中，选出适当的选项，以表示您在过去两周中，从事[活动4]时，觉得呼吸急促的程度。

1. 呼吸极度急促
2. 呼吸非常急促
3. 呼吸颇为急促
4. 呼吸中度急促
5. 呼吸有些急促
6. 呼吸轻微急促
7. 一点也不呼吸急促

5. 请在下列的选项中，选出适当的选项，以表示您在过去两周中，从事[活动5]时，觉得呼吸急促的程度。

1. 呼吸极度急促
2. 呼吸非常急促
3. 呼吸颇为急促
4. 呼吸中度急促
5. 呼吸有些急促
6. 呼吸轻微急促
7. 一点也不呼吸急促

6. 过去两周中，通常您有多少时间觉得有挫折感，或者不耐烦？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得有挫折感或者不耐烦的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

7. 过去两周中，当您呼吸困难时，您有多少时间会觉得恐惧或者恐慌？请在下列的选项中，选出适当的选项，以表示在过去两周中，您呼吸困难的时候，觉得恐惧或者恐慌的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

8. 疲劳呢？过去两周中，您觉得自己有多疲劳？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得自己有多疲劳。

1. 极度疲劳
2. 非常疲劳
3. 颇为疲劳
4. 中度疲劳
5. 有些疲劳
6. 轻微疲劳
7. 一点也不疲劳

9. 在过去两周中您有多少时间会因为咳嗽或者呼吸沉重而觉得不好意思？请在下列的选项中，选出适当的选项，以表示在过去两周中，您因为咳嗽或者呼吸沉重而觉得不好意思的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

10. 在过去两周中您有多少时间觉得非常有自信心，并且确定可以应付自己的疾病？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得非常有自信心，觉得可以应付您的疾病的时间有多少。

1. 完全没有
2. 一点点时间
3. 有些时间
4. 相当多时间
5. 大部分时间
6. 几乎所有时间
7. 所有时间

11. 过去两周中，您觉得自己活力如何？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得自己有多少活力。

1. 一点活力也没有
2. 只有一点点活力
3. 有些活力
4. 活力中等
5. 相当有活力
6. 非常有活力
7. 全身充满了活力

12. 过去两周中，通常您有多少时间觉得烦躁，忧虑或者郁闷？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得烦躁，忧虑或者郁闷的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

13. 过去两周中您有多少时间觉得可以完全控制您呼吸的问题？请在下列的选项中，

选出适当的选项，以表示在过去两周中，您觉得可以完全控制您呼吸问题的时间有多少。

1. 完全没有
2. 一点点时间
3. 有些时间
4. 相当多时间
5. 大部分时间
6. 几乎所有时间
7. 所有时间

14. 过去两周中您有多少时间觉得轻松而没有压力？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得轻松而没有压力的时间有多少。

1. 完全没有
2. 一点点时间
3. 有些时间
4. 相当多时间
5. 大部分时间
6. 几乎所有时间
7. 所有时间

15. 过去两周中，您有多少时间觉得活力很差？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得活力很差的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

16. 过去两周中，通常您有多少时间觉得沮丧泄气或闷闷不乐？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得沮丧泄气或闷闷不乐的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

17. 过去两周中，您有多少时间觉得精疲力竭或倦怠？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得精疲力竭或倦怠的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

18. 您在过去两周的个人生活中，高兴、满意、愉快的程度如何？请在下列的选项中，选出适当的选项，以表示在过去两周中，您高兴、满意、愉快的程度。

1. 非常不满意，大部分时间都不高兴
2. 通常不满意，不高兴
3. 有些不满意，不高兴
4. 通常满意而愉快
5. 大部分时间都高兴
6. 大部分时间都非常高兴
7. 极为高兴，不能比这两周更满足、愉快了

19. 过去两周中，当您呼吸困难时，您有多常会觉得惊慌或害怕？请在下列的选项中，选出适当的选项，以表示在过去两周中，您呼吸困难的时候，觉得惊慌或害怕的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

20. 过去两周中，通常您有多少时间觉得坐立不安，烦躁或紧张？请在下列的选项中，选出适当的选项，以表示在过去两周中，您觉得坐立不安，烦躁或紧张的时间有多少。

1. 所有时间
2. 大部分时间
3. 相当多时间
4. 有些时间
5. 一点点时间
6. 几乎没有
7. 完全没有

CHRONIC RESPIRATORY QUESTIONNAIRE (CRQ - ORIGINAL)

INTERVIEWER ADMINISTERED FORMAT

This questionnaire is designed to find out how you have been feeling during the last 2 weeks. You will be asked about how short of breath you have been, how tired you have been feeling and how your mood has been.

- I I would like you to think of the activities that you have done during the last 2 weeks that have made you feel short of breath. These should be activities which you do frequently and which are important to your day-to-day life. Please list as many activities as you can that you have done during the last 2 weeks that have made you feel short of breath.

(CIRCLE THE NUMBER ON THE ANSWER SHEET ADJACENT TO EACH ACTIVITY MENTIONED. IF AN ACTIVITY IS NOT ON THE LIST, WRITE IT IN, IN THE RESPONDENT'S OWN WORDS, IN THE SPACE PROVIDED.)

Can you think of any other activities you have done during the last 2 weeks that have made you feel short of breath?

(RECORD ADDITIONAL ITEMS)

- II I will now read a list of activities which make some people with lung problems feel short of breath. I will pause after each item long enough for you to tell me if you have felt short of breath doing that activity during the last 2 weeks. If you haven't done the activity during the last 2 weeks, just answer "NO". The activities are:

(READ ITEMS OMITTING THOSE WHICH RESPONDENT HAS VOLUNTEERED SPONTANEOUSLY. PAUSE AFTER EACH ITEM TO GIVE RESPONDENT A CHANCE TO INDICATE WHETHER S/HE HAS BEEN SHORT OF BREATH WHILE PERFORMING THAT ACTIVITY DURING THE LAST WEEK. CIRCLE THE NUMBER ADJACENT TO APPROPRIATE ITEMS ON ANSWER SHEET.)

Please continue to the next page

1. BEING ANGRY OR UPSET
2. HAVE A BATH OR SHOWER
3. BENDING
4. CARRYING, SUCH AS CARRYING GROCERIES
5. DRESSING
6. EATING
7. GOING FOR A WALK
8. DOING YOUR HOUSEWORK
9. HURRYING
10. MAKING A BED
11. MOPPING OR SCRUBBING THE FLOOR
12. MOVING FURNITURE
13. PLAYING WITH CHILDREN OR GRANDCHILDREN
14. PLAYING SPORTS
15. REACHING OVER YOUR HEAD
16. RUNNING, SUCH AS FOR A BUS
17. SHOPPING
18. WHILE TRYING TO SLEEP
19. TALKING
20. VACUUMING
21. WALKING AROUND YOUR OWN HOME
22. WALKING UPHILL
23. WALKING UPSTAIRS
24. WALKING WITH OTHERS ON LEVEL GROUND
25. PREPARING MEALS

III Of the items which you have listed, which is the most important to you in your day-to-day life? I will read through the items, and when I am finished, I would like you to tell me which is the most important.

(READ THROUGH ALL ITEMS SPONTANEOUSLY VOLUNTEERED AND THOSE FROM THE LIST WHICH THE PATIENT MENTIONED)

IV Which of these items is most important to you in your day-to-day life?

(LIST ITEMS ON RESPONSE SHEET – THIS BECOME ACTIVITY #1)

V Of the remaining items, which is the most important to you in your day-to-day life? I will read through the items, and when I am finished, I would like you to tell me which is the most important.

(READ THROUGH REMAINING ITEMS – THIS BECOMES ACTIVITY #2)

VI Of the remaining items, which is the most important to you in your day-to-day-life?

(LIST ITEMS ON RESPONSE SHEET – THIS BECOME ACTIVITY #3)

VII Of the remaining items, which is the most important to you in your day-to-day-life?

(LIST ITEMS ON RESPONSE SHEET – THIS BECOME ACTIVITY #4)

VIII Of the remaining items, which is the most important to you in your day-to-day-life?

(LIST ITEMS ON RESPONSE SHEET – THIS BECOME ACTIVITY #5)

(FOR ALL SUBSEQUENT QUESTIONS, ENSURE RESPONDENT HAS APPROPRIATE RESPONSE CARD IN FRONT OF THEM BEFORE STARTING QUESTION)

I would now like you to describe how much shortness of breath you have experience during the last 2 weeks while doing the five most important activities you have selected.

1. Please indicate how much shortness of breath you have had during the last 2 weeks while
(INTERVIEWER: INSERT ACTIVITY #1), by choosing one of the following options from the card in front of you. (GREEN CARD)
 - 1 EXTREMELY SHORT OF BREATH
 - 2 VERY SHORT OF BREATH
 - 3 QUITE A BIT SHORT OF BREATH
 - 4 MODERATE SHORTNESS OF BREATH
 - 5 SOME SHORTNESS OF BREATH
 - 6 A LITTLE SHORTNESS OF BREATH
 - 7 NOT AT ALL SHORT OF BREATH

2. Please indicate how much shortness of breath you have had during the last 2 weeks while
(INTERVIEWER: INSERT ACTIVITY #2), by choosing one of the following options from the card in front of you. (GREEN CARD)
 - 1 EXTREMELY SHORT OF BREATH
 - 2 VERY SHORT OF BREATH
 - 3 QUITE A BIT SHORT OF BREATH
 - 4 MODERATE SHORTNESS OF BREATH
 - 5 SOME SHORTNESS OF BREATH
 - 6 A LITTLE SHORTNESS OF BREATH
 - 7 NOT AT ALL SHORT OF BREATH

3. Please indicate how much shortness of breath you have had during the last 2 weeks while **(INTERVIEWER: INSERT ACTIVITY #3)**, by choosing one of the following options from the card in front of you. (GREEN CARD)

- 1 EXTREMELY SHORT OF BREATH
- 2 VERY SHORT OF BREATH
- 3 QUITE A BIT SHORT OF BREATH
- 4 MODERATE SHORTNESS OF BREATH
- 5 SOME SHORTNESS OF BREATH
- 6 A LITTLE SHORTNESS OF BREATH
- 7 NOT AT ALL SHORT OF BREATH

4. Please indicate how much shortness of breath you have had during the last 2 weeks while **(INTERVIEWER: INSERT ACTIVITY #4)**, by choosing one of the following options from the card in front of you. (GREEN CARD)

- 1 EXTREMELY SHORT OF BREATH
- 2 VERY SHORT OF BREATH
- 3 QUITE A BIT SHORT OF BREATH
- 4 MODERATE SHORTNESS OF BREATH
- 5 SOME SHORTNESS OF BREATH
- 6 A LITTLE SHORTNESS OF BREATH
- 7 NOT AT ALL SHORT OF BREATH

5. Please indicate how much shortness of breath you have had during the last 2 weeks while **(INTERVIEWER: INSERT ACTIVITY #5)**, by choosing one of the following options from the card in front of you. (GREEN CARD)

- 1 EXTREMELY SHORT OF BREATH
- 2 VERY SHORT OF BREATH
- 3 QUITE A BIT SHORT OF BREATH
- 4 MODERATE SHORTNESS OF BREATH
- 5 SOME SHORTNESS OF BREATH
- 6 A LITTLE SHORTNESS OF BREATH
- 7 NOT AT ALL SHORT OF BREATH

6. In general, how much of the time during the last 2 weeks have you felt frustrated or impatient? Please indicate how often during the last 2 weeks you have felt frustrated or impatient by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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. In often during the last 2 weeks did you have a feeling of fear or panic when you had difficulty getting your breath? Please indicate how often you had a feeling of fear or panic when you had difficulty getting your breath by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

8. What about fatigue? How tired have you felt over the last 2 weeks? Please indicate how tired you felt over the last 2 weeks by choosing one of the following options from the card in front of you. (ORANGE CARD)

- 1 EXTREMELY TIRED
- 2 VERY TIRED
- 3 QUITE A BIT OF TIREDNESS
- 4 MODERATELY TIRED
- 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? Please indicate how often you felt embarrassed by your coughing or heavy breathing by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

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? Please indicate how much of the time during the last 2 weeks you felt very confident and sure that you could deal with your illness by choosing one of the options from the card in front of you. (YELLOW CARD)

- 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

11. How much energy have you had in the last 2 weeks? Please indicate how much energy you have had by choosing one of the following options from the card in front of you. (PINK CARD)

- 1 NO ENERGY AT ALL
- 2 A LITTLE ENERGY
- 3 SOME ENERGY
- 4 MODERATELY ENERGETIC
- 5 QUITE A BIT OF ENERGY
- 6 VERY ENERGETIC
- 7 FULL OF ENERGY

12. In general, how much of the time did you feel upset, worried or depressed during the last 2 weeks? Please indicate how much of the time you felt upset, worried or depressed during the last 2 weeks by choosing one of the options from the card in front of you. (BLUE CARD)

- 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

13. How often during the last 2 weeks have you had complete control of your breathing problems? Please indicate how often you felt you had complete control of your breathing problems by choosing one of the following options from the card in front of you. (YELLOW CARD)

- 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

14. How much of the time during the last 2 weeks did you feel relaxed and free of tension? Please indicate how much of the time you felt relaxed and free of tension by choosing one of the following options from the card in front of you. (YELLOW CARD)

- 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

15. How often during the last 2 weeks have you felt low in energy? Please indicate how often during the last 2 weeks you have felt low in energy by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

16. In general, how often during the last 2 weeks have you felt discouraged or down in the dumps? Please indicate how often during the last 2 weeks you felt discouraged or down in the dumps by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

17. How often during the last 2 weeks have you felt worn out or sluggish? Please indicate how much of the time you felt worn out or sluggish by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

18. How happy, satisfied or pleased have you been with your personal life during the last 2 weeks? Please indicate how happy, satisfied or please you have been by choosing one of the following options from the card in front of you. (GREY CARD)

- 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

19. How often during the last 2 weeks did you feel upset or scared when you had difficulty getting your breath? Please indicate how often during the last 2 weeks you felt upset or scared when you had difficulty getting your breath by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

20. In general, how often during the last 2 weeks have you felt restless, tense or uptight? Please indicate how often you have felt restless, tense or uptight by choosing one of the following options from the card in front of you. (BLUE CARD)

- 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

THANK YOU