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 ........................................ 1
NO ........................................... 2 (RDQ.070)
REFUSED ................................... 7 (RDQ.070)
DON'T KNOW .............................. 9 (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 ............. 55
CONTINUOUS ........................... 66
REFUSED ............................... 77
DON'T KNOW ........................... 99

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
NO ............................................ 2 (RDQ.050)
REFUSED .................................... 7 (RDQ.050)
DON'T KNOW .............................. 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 ................................. 777
DON'T KNOW ............................. 999
RDQ.050  (Do you/Does SP) bring up phlegm on most days for 3 consecutive months or more during the year?

YES ........................................ 1
NO ........................................ 2 (RDQ.070)
REFUSED .................................. 7 (RDQ.070)
DON'T KNOW ............................. 9 (RDQ.070)

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 .................................. 777
DON'T KNOW ............................. 999

RDQ.070  In the past 12 months (have you/has SP) had wheezing or whistling in (your/his/her) chest?

YES ........................................ 1
NO ........................................ 2 (RDQ.140)
REFUSED .................................. 7 (RDQ.140)
DON'T KNOW ............................. 9 (RDQ.140)

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 .................................. 77
DON'T KNOW ............................. 99

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 ............................. 9
**BOX 3**

**CHECK ITEM RDQ.105:**
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 only one or two words at a time between breaths?

- NO WORDS OR LANGUAGE ............ 0
- YES ................................... 1
- NO ..................................... 2
- REFUSED .............................. 7
- DON’T KNOW .......................... 9

**RDQ.120**  
In the **past 12 months**, how many times {have you/has SP} gone to the doctor’s office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

IF NEVER, ENTER 0

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__ __
ENTER NUMBER
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- REFUSED .............................. 77
- DON’T KNOW .......................... 99

**RDQ.130**  
In the **past 12 months**, {have you/has SP} taken any medication for wheezing or whistling?

- YES ...................................... 1
- NO ........................................ 2 (RDQ.135)
- REFUSED .............................. 7 (RDQ.135)
- DON’T KNOW ............................ 9 (RDQ.135)

**RDQ.133**  
Was the medicine prescribed by a doctor?

- YES ...................................... 1
- NO ........................................ 2
- REFUSED .............................. 7
- DON’T KNOW ............................ 9

**RDQ.135**  
During the **past 12 months**, how much did {you/SP} limit {your/his/her} usual activities due to wheezing or whistling? Would you say...

- not at all ............................. 1
- a little, ................................. 2
- a fair amount, .......................... 3
- a moderate amount, or ............... 4
- a lot? ................................. 5
- REFUSED .............................. 7
- DON’T KNOW ............................ 9
BOX 4

CHECK ITEM RDQ.136:
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