

RESPIRATORY HEALTH AND DISEASE – RDQ

Target Group: SPs 1+

<p><b>BOX 1</b></p> <p><b>CHECK ITEM RDQ.005A:</b>  IF SP AGE &lt; 40, GO TO RDQ.070.  OTHERWISE, CONTINUE</p>
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RDQ.031 {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 ..... 77777
- DON'T KNOW ..... 99999

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)

HELP SCREEN:  
Phlegm: Thick mucus from the respiratory passage.

RDQ.060 For how many years {have you/has SP} had trouble with phlegm (flem)?

IF LESS THAN 1 YEAR, ENTER 1

|\_|\_|  
ENTER NUMBER OF YEARS

- REFUSED ..... 77777
- DON'T KNOW ..... 99999

HELP SCREEN:  
Phlegm: Thick mucus from the respiratory passage.

RDQ.070 In the **past 12 months**, {have you/has SP} had wheezing or whistling in {your/his/her} chest?

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

HELP SCREEN:

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

**BOX 1A**

**CHECK ITEM RDQ.075:**  
 IF RDQ.070 = 1 (YES), CONTINUE.  
 IF SP AGE 3 TO 15 AND RDQ.070 = 2, 7 OR 9, SKIP TO RDQ.100.  
 IF SP AGE 1 TO 2 OR 16+ AND RDQ.070 = 2, 7 OR 9, SKIP TO 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

CAPI INSTRUCTION:

HARD EDIT: RANGE EQUALS 1 TO 12.

|\_|\_|  
ENTER NUMBER OF EPISODES

- REFUSED ..... 7777
- DON'T KNOW ..... 9999

HELP SCREEN:

Attack: Occurrence of a symptom where there is an identifiable beginning and end point.

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

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

HELP SCREEN:

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

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

HELP SCREEN:

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

**BOX 1B**

**CHECK ITEM RDQ.115:**  
IF SP AGE 3 TO 15 AND RDQ.070 = 2, 7 OR 9, SKIP TO RDQ.135.  
OTHERWISE, CONTINUE.

**BOX 3**

OMITTED

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

|\_|\_|  
ENTER NUMBER

CAPI INSTRUCTION:

SOFT EDIT: IF RESPONSE >20, THEN DISPLAY "UNLIKELY RESPONSE. PLEASE VERIFY. (RDQ.150)."

HARD EDIT: CHECK: RDQ.120 – RANGE ERROR, THE VALID RANGE IS 0-50.

- REFUSED ..... 7777
- DON'T KNOW ..... 9999

RDQ.134 [In the **past 12 months**], {have you/has SP} taken any medication, prescribed by a doctor, for wheezing or whistling?

- 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

HELP SCREEN:

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

**BOX 3A**

**CHECK ITEM RDQ.132:**  
 IF SP AGE 3 TO 15 AND RDQ.070 = 2, 7 OR 9, SKIP TO RDQ.140.  
 OTHERWISE, CONTINUE.

**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

HELP SCREEN:

Dry Cough: Cough with no mucus, sputum, or phlegm.

AGQ.030 **During the past 12 months, {have you/has SP} had an episode of hay fever?**

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

**HELP SCREEN:**

Hay Fever: Hay fever is a collection of symptoms in the nose and eyes, caused by particles of plant pollen in the air. This happens in people who are allergic to these substances. The pollens that cause hay fever vary from person to person and from region to region. Hay fever typically occurs in the Spring, Summer, or Fall when plant pollen is in the air. Examples of plants commonly responsible for hay fever include Trees, Grasses, Flowers, and Ragweed.

**HELP SCREEN FOR RDQ.120:**

Doctor's Office: In Hospital - An individual office in a hospital where patients are seen on an outpatient basis, or several doctors might occupy a suite of offices in a hospital where patients are treated as outpatients.

Doctor's Office: Not in Hospital - An individual office in the doctor's home or office building, or a suite of offices occupied by several doctors. Suites of doctors offices are not considered clinics.

Attack: Occurrence of a symptom where there is an identifiable beginning and end point.

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.

**HELP SCREEN FOR RDQ.134:**

Prescription Medication: Prescription medications are those ordered by a physician or other authorized medical professional through a written or verbal prescription for a pharmacist to fill. Prescription medications may also be given by a medical professional directly to a patient to take home, such as free samples.

Prescription medications do not include:

- Medication administered to the patient during the event in the office as part of the treatment (such as an antibiotic shot for an infection, a flu shot, or an oral medication) unless a separate bill for the medication is received;
- Diaphragms and IUD's (Intra-Uterine Devices); or
- Prescriptions for eyeglasses or contact lenses.

Some state laws require prescriptions for over the counter medications. Sometimes physicians write prescriptions for over the counter medications, such as aspirin. Consider any medication a prescription medication if the respondent reports it as prescribed. If it is an over the counter medication, however, the prescription must be a written prescription to be filled by a pharmacist, not just a written or oral instruction. If in doubt, probe whether the patient got a written prescription to fill at a pharmacy.

**HELP SCREEN FOR RDQ.137:**

Work (Working): Paid work for wages, salary, commission, tips, or pay "in kind." Examples of pay in kind include meals, living quarters, or supplies provided in place of wages. This definition of employment includes work in the person's own business, professional practice, or farm, paid leaves of absence (including vacations and illnesses), work without pay in a family business or farm run by a relative, exchange work or share work on a farm, and work as a civilian employee of the Department of Defense or the National Guard. This definition excludes unpaid volunteer work (such as for a church or charity), unpaid leaves of absences, temporary layoffs (such as a strike), and work around the house.

Wheezing: To breathe with difficulty, producing a hoarse whistling sound.