

RESPIRATORY HEALTH AND DISEASE - RDQ

**BOX 1**

**CHECK ITEM RDQ.005:**  
IF SP AGE < 12, GO TO RDQ.070.  
OTHERWISE, CONTINUE

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

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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

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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

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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

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

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

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

**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