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

   |___|___|___|
   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

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