RESPIRATORY SYMPTOMS QUESTIONNAIRE (RSQ)

Instructions: Please complete ALL questions by selecting the response that best describes how you have felt **over the last four weeks**. These questions ask about symptoms of shortness of breath, wheezing, coughing and/or chest tightness.

1. **In the past 4 weeks**, how often have you had shortness of breath, wheezing, coughing and/or chest tightness during the day?

- ☐ Not at all
- ☐ One or two days a week
- ☐ Three to six days a week
- ☐ Once every day
- ☐ More than once every day

2. **In the past 4 weeks**, how often did you use a rescue inhaler (quick relief inhaler) in response to shortness of breath, wheezing, coughing and/or chest tightness?

- ☐ Not at all
- ☐ One or two days a week
- ☐ Three to six days a week
- ☐ Once or twice every day
- ☐ Three or more times every day

3. **In the past 4 weeks**, how limited were your activities as a result of shortness of breath, wheezing, coughing and/or chest tightness?

- ☐ Not at all limited
- ☐ Slightly limited
- ☐ Moderately limited
- ☐ Very limited
- ☐ Totally limited

4. **In the past 4 weeks**, how often did you wake up at night due to shortness of breath, wheezing, coughing and/or chest tightness?

- ☐ Not at all
- ☐ One or two nights in the past 4 weeks
- ☐ One night a week
- ☐ Two or three nights a week
- ☐ Four or more nights a week