

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