

This is a **Sample** version of the
**St George's Respiratory Questionnaire Kit
(SGRQ-Kit)**

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Health-related quality of life in asthma: A comparison between the St George's respiratory questionnaire and the asthma quality of life questionnaire

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Abstract

The aim of the study is to compare the performance of the Juniper Asthma Quality of Life Questionnaire (AQLQ) and the St George's Respiratory Questionnaire (SGRQ) in a sample of asthmatic patients, representative of a broad spectrum of asthma severity. We studied 116 patients with a mean age (SD) of 42.6 (18.3) year. Patients were assessed twice, at recruitment and after 2 months, to determine the reliability, validity and responsiveness of the AQLQ and the SGRQ. Both questionnaires showed good reliability coefficients (≥ 0.70) which reached the standards for comparison at individual level (≥ 0.90) in the case of activity, impacts and overall SGRQ scores as well as symptoms, activities and overall AQLQ scores. Both AQLQ and SGRQ were able to discriminate among groups of patients based on asthma severity and control and showed, except for the symptoms domain of the SGRQ, large (standardized response means >0.8) and significant changes in the group of patients that improved at follow-up. We conclude that the AQLQ and SGRQ have shown high reliability and validity and, with the exception of the SGRQ symptoms, a high level of responsiveness. In overall terms, not one of these instruments seems to behave better than the other.

Key words: Asthma, Health status, Quality of life, Questionnaires

Introduction

Health-related quality of life (HRQL) has become one of the relevant outcome measures in asthma [1]. Many clinical studies and most trials with asthmatic patients now include an HRQL assessment [2–8]. Although both generic [9] and asthma-specific [10–13] instruments have been considered appropriate in this disease, the latter have shown higher validity and responsiveness than generic scales [4, 5, 14–16]. Among specific questionnaires, the Asthma Quality of Life Questionnaire (AQLQ) developed by Juniper et al. [10], showed greater responsiveness than the Living with Asthma Questionnaire [13] in a clinical trial [4] whereas the contrary was found in another study [5].

The AQLQ [10] and the St George's Respiratory Questionnaire (SGRQ) [11] are two of the most frequently used specific questionnaires in asthma. Both have strong proven measurement properties [11, 17]. The SGRQ has been designed to measure HRQL not only in asthma but also in COPD patients. This characteristic makes the comparison of its performance with other asthma-specific instruments of special interest. Barley and Jones [18] found that both the SGRQ and AQLQ correlated strongly with global estimates of asthma severity and asthma control, whereas the correlations with lung function parameters were higher for the SGRQ. However, to our knowledge, there is no study in literature comparing the performance of the SGRQ and the AQLQ in a complete and systematic way.

This is the end of the sample SGRQ clinical validity.
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Saint George's Respiratory Questionnaire

Title of Assessment	Saint George's Respiratory Questionnaire
Acronym	SGRQ
Instrument Reviewer(s)	Initially reviewed by Jason Barbas, PT, DPT, NCS in 1/2010
Summary Date	7/25/2012
Purpose	The Saint George's Respiratory Questionnaire (SGRQ) is a self-reported disease-specific, health-related quality of life (QOL) questionnaire. It was originally developed to measure the impact of Chronic Obstructive Pulmonary Disease (COPD) on a person's life, but has also been studied and applied to non-COPD pulmonary populations.
Description	<ul style="list-style-type: none"> • The American version of the SGRQ (SGRQ-A, adapted from the original British English version) consists of 76 items in three domains: <ul style="list-style-type: none"> ◦ Symptoms ◦ Activity ◦ Impact of disease on daily life • Part 1 (first 8 questions) asks for symptom recall of the previous 4 weeks; this is a change from the previous version of the SGRQ • There are versions with 3-month and 1-year symptom recall domains • A total score is calculated from 0 (no health impairment) to 100 (maximum health impairment) • In addition to the total score, there is also a score for each domain: symptoms, activity, and impact which are scored 0 – 100 as well • Dyspnea is not measured specifically, but it is included in the symptom scale, along with information about cough, sputum production, and wheezing • Test items are weighted and scored using an Excel calculator
Area of Assessment	Quality of Life
Body Part	Not Applicable
ICF Domain	Body Function
Domain	
Assessment Type	Patient Reported Outcomes
Length of Test	06 to 30 Minutes
Time to Administer	10 minutes
Number of Items	76
Equipment Required	Copy of questionnaire and Excel calculator
Training Required	Manual is available
Type of training required	reading an article/manual
Cost	
Actual Cost	
Age Range	Adult: 18-64 years; Elderly adult: 65+
Administration Mode	Paper/Pencil
Diagnosis	Chronic Obstructive Pulmonary Disease; Geriatrics; Pulmonary Disease
Populations Tested	<ul style="list-style-type: none"> • Individuals with pulmonary disease participating in pulmonary rehabilitation • Studies primarily done with COPD population • Limited studies with idiopathic pulmonary fibrosis (not included in this review)
Standard Error of Measurement (SEM)	Not Established
Minimal Detectable Change (MDC)	<p>COPD: (Jones, 2005; literature review)</p> <ul style="list-style-type: none"> • MDC = 4
Minimally Clinically Important Difference (MCID)	<p>Pulmonary Rehabilitation: (Schunemann et al, 2003; <i>n</i> = 84 patients who completed the CRQ, SGRQ, and FT before beginning pulmonary rehabilitation and 3 months later; mean age = 65.8 (7.6) years)</p> <ul style="list-style-type: none"> • MCID = 4
Cut-Off Scores	Not Established
Normative Data	COPD: (Ferrer et al, 2002; <i>n</i> = 862 probable cases of COPD, 460 of which were eligible to complete the SGRQ; sex = 533 males and 329 females; age

range 40-69 years)

- Education
 - Attended High School or University: 42.5%
 - Attended Primary/No School: 56.7%
- Smoking Status
 - Never Smoke: 52.7%
 - Former Smoker: 24.1%
 - Smoker >20 pack-yrs: 13.2%
 - Smoker <20 pack-years: 10.0%
- Respiratory Disease
 - COPD: 10.2%
 - Asthma: 3.6%

Test-retest Reliability COPD/Pulmonary Disease: (Barr et al, 2000; $n = 102$ patients with COPD (92 patients with COPD who completed the retest and 75 patients who completed the entire pulmonary rehabilitation program); mean age = 68 (9.34) years)

- **Excellent** test-retest reliability for patients who completed the entire pulmonary rehabilitation program (ICC = 0.795 to 0.900)

Test-retest reliability (ICC) of the American translation of the St. George's Respiratory Questionnaire (SGRQ-A) for all patients ($n = 92$) who took the test at baseline and the next pulmonary rehabilitation session

Score	All patients ($n = 92$)	Completers ($n = 75$)
Symptoms-1 year	0.678 Adequate	0.795 Excellent
Symptoms-1 month	0.770 Excellent	0.834 Excellent
Activity	0.848 Excellent	0.824 Excellent
Impact	0.895 Excellent	0.890 Excellent
Total- 1 year	0.906 Excellent	0.900 Excellent
Total- 1 month	0.908 Excellent	0.899 Excellent

Interrater/Intrater Reliability COPD: (Ketelars et al, 1996; $n = 126$ patients with COPD who were recruited on admission to a pulmonary rehabilitation center; mean age = 65 (9) years)

- **Poor** interrater reliability for symptoms (Chronbach alpha = 0.60)
- **Excellent** interrater reliability for activities (Chronbach alpha = 0.82)
- **Adequate** interrater reliability for impact (Chronbach alpha = 0.71)

Internal Consistency COPD / Pulmonary Disease: (Barr et al, 2000)

Internal Consistency of the American translation of the St. George's Respiratory Questionnaire (SGRQ-A)	
Score	Cronbach Alpha
Symptoms-1 year	Poor (0.42)
Symptoms-1 month	Adequate (0.72)
Activity	Excellent (0.83)
Impact	Excellent (0.82)
Total-1 year	Excellent (0.88)
Total-1 month	Excellent (0.90)

Criterion Validity (Predictive/Concurrent) Not Established

Construct Validity (Convergent/Discriminant) COPD / Pulmonary Disease: (Rutten-Van Molken, 1999; $n = 144$ patients with moderate or severe COPD) and (Hajiro, 1998; patients with chronic obstructive pulmonary disease)

- **Poor to adequate** construct validity for all components ($r = 0.30-0.72$)
- Discriminate validity was demonstrated when all components of the SGRQ-A with the modified 1-month symptom-reporting period were shown to discriminate better between disease-severity groups

Content Validity Not Established

Face Validity Not Established

Floor/Ceiling Effects COPD / Pulmonary Disease: (Barr et al, 2000)

- **Adequate** floor and ceiling effects (<3%)

Responsiveness COPD/Pulmonary Disease: (Harper et al, 1997; $n = 156$ patients with COPD attending routine outpatient clinic; 76 males; mean age = 67 (10.4) years; 80 females; mean age = 62 (10.3) years)

- Good responsiveness (intervention: pulmonary rehab)
- Responsiveness of the SGRQ-A to change in health status was

ST GEORGE'S RESPIRATORY QUESTIONNAIRE MANUAL

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1. A GUIDE TO THE SGRQ

What is the St George's Respiratory Questionnaire?

The SGRQ is designed to measure health impairment in patients with asthma and COPD. It is also valid for use in bronchiectasis and has been used successfully in patients with kyphoscoliosis and sarcoidosis. There is a report of its validation in a small study of adults with cystic fibrosis (Archivos de Bronconeumologia Volume 43, Issue 4, April 2007, pages 205-211). It is in two parts. Part 1 produces the Symptoms score, and Part 2 the Activity and Impacts scores. A Total score is also produced.

Part 1 (Questions 1 to 8) covers the patients' recollection of their symptoms over a preceding period that may range 1 month to 1 year. It is not designed to be an accurate epidemiological tool, its purpose is to assess the patient's perception of their recent respiratory problems. The original version was validated using a 12-month recall period. More recently a 1 month recall version (appropriately worded) has been validated. This has slightly weaker psychometric properties than the 12-month version and produces a marginally lower Symptoms score and Total score. A 3-month recall period has been used very satisfactorily. In summary, the 3-month and 1-year versions provide the best properties, with no specific advantages to either. The 1-month version should only be used when the time frame of the study dictates.

Part 2 (Questions 9 to 16) addresses the patients' current state (i.e. how they are these days). The Activity score just measures disturbances to patients daily physical activity. The Impacts score covers a wide range of disturbances of psycho-social function. Validation studies showed that this component relates in part to respiratory symptoms, but it also correlates quite strongly with exercise performance (6-minute walking test), breathlessness in daily life (MRC breathlessness score) and disturbances of mood (anxiety and depression). The Impacts score is, therefore, the broadest component of the questionnaires, covering the whole range of disturbances that respiratory patients experience in their lives.

2. STRUCTURE OF SGRQ

Part 1 (Questions 1-8) addresses the frequency of respiratory symptoms. It is not designed to be a precise epidemiological tool, but to assess the patient's perception of their recent respiratory problems.

Part 2 (Sections 9-16) addresses the patient's current state (i.e. how they are these days). The Activity score measures disturbances to daily physical activity. The Impacts score covers a range of disturbances of psycho-social function. Validation studies for the original SGRQ showed that this component relates in part to respiratory symptoms, but it also correlates quite strongly with exercise performance (6-minute walking test), breathlessness in daily life (MRC breathlessness score) and disturbances of mood (anxiety and depression). The Impacts score is, therefore, the broadest component of the questionnaires, covering the whole range of disturbances that respiratory patients experience in their lives.

Note: the general scale on the front page is not part of the SGRQ or SGRQ-C, but some investigators find it useful as an additional global measure.

3. ADMINISTRATION

The questionnaire should be completed in a quiet area, free from distraction and the patient should ideally be sitting at a desk or table. Explain to the patient why they are completing it, and how important it is for clinicians and researchers to understand how their illness affects them and their daily life. Ask him or her to complete the questionnaire as honestly as they can and stress that there are no right or wrong answers, simply the answer that they feel

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ST. GEORGE'S RESPIRATORY QUESTIONNAIRE ORIGINAL ENGLISH VERSION

ST. GEORGE'S RESPIRATORY QUESTIONNAIRE (SGRQ)

This questionnaire is designed to help us learn much more about how your breathing is troubling you and how it affects your life. We are using it to find out which aspects of your illness cause you most problems, rather than what the doctors and nurses think your problems are.

Please read the instructions carefully and ask if you do not understand anything. Do not spend too long deciding about your answers.

Before completing the rest of the questionnaire:

Please tick in one box to show how you describe your current health:

Very good

Good

Fair

Poor

Very poor

St. George's Respiratory Questionnaire PART 1

Questions about how much chest trouble you have had over the past 3 months.

Please tick (✓) one box for each question:

- | | most
days
a week | several
days
a week | a few
days
a month | only with
chest
infections | not
at
all |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Over the past 3 months, I have coughed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Over the past 3 months, I have brought up phlegm (sputum): | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Over the past 3 months, I have had shortness of breath: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Over the past 3 months, I have had attacks of wheezing: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 3 months how many severe or very unpleasant attacks of chest trouble have you had? | | | | | |

Please tick (✓) one:

- more than 3 attacks
- 3 attacks
- 2 attacks
- 1 attack
- no attacks

6. How long did the worst attack of chest trouble last?
(Go to question 7 if you had no severe attacks)

Please tick (✓) one:

- a week or more
- 3 or more days
- 1 or 2 days
- less than a day

7. Over the past 3 months, in an average week, how many good days (with little chest trouble) have you had?

Please tick (✓) one:

- No good days
- 1 or 2 good days
- 3 or 4 good days
- nearly every day is good
- every day is good

8. If you have a wheeze, is it worse in the morning?

Please tick (✓) one:

- No
- Yes

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