ASTHMA QUESTIONNAIRE

Thank you for taking this questionnaire. It is part of a research project to learn about the way asthma affects people’s lives. All your answers will be treated confidentially.

What follows is a series of statements describing the way in which asthma (or its treatment) affects some people. You are asked to tick the response to each statement which most closely applies to you over the last four weeks.

1. I have been troubled by episodes of shortness of breath. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
2. I have been troubled by wheezing attacks. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
3. I have been troubled by tightness in the chest. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
4. I have been restricted in walking down the street on level ground or doing light housework because of asthma or shortness of breath. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
5. I have been restricted in walking up hills or doing heavy housework because of asthma or shortness of breath. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
6. I have felt tired or a general lack of energy. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
7. I have been unable to sleep at night. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
8. I have felt sad or depressed. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
9. I have felt frustrated with myself. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
10. I have felt anxious, under tension or stressed. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
11. I have felt that asthma or shortness of breath is preventing me from achieving what I want from life. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
12. Asthma or shortness of breath has interfered with my social life. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
13. I have been limited in going to certain places because they are bad for my asthma. □ Not at all □ Mildly □ Moderately □ Severely □ Very severely
14. I have been limited in going certain places because I have been afraid of getting an asthma attack and not being able to get help.

15. I have been restricted in the sports, hobbies or other recreations I can engage in because of my asthma or shortness of breath.

16. I have felt generally restricted.

17. I have felt that asthma is controlling my life.

18. I have been worried about my present or future health because of asthma.

19. I have been worried about asthma shortening my life.

20. I have felt dependent on my asthma inhalers.