

Living With Asthma Questionnaire PART 1

U U U U U U U U

Patient Study No.

HOW TO FILL IN THIS FORM . . .

Here is a list of sentences describing everyday experiences of asthma sufferers.

Please use a pencil to write on this form and completely fill in the circle which corresponds to your answer.

For each sentence, please fill in one circle to show whether that sentence is

- untrue of me
- slightly true of me
- or
- very true of me

For example if you think the sentence 'I can take part in any sport I want' is very true of you, fill in the circle labelled 'Very true of me'. Like this:

Very true of me

Slightly true of me

Untrue of me

Not applicable

Example

1. I can take part in any sport I want.

If the sentence is slightly true of you, fill in the circle labelled 'Slightly true of me'; and if the sentence is untrue of you because you cannot take part in any sport you want, then fill in the circle labelled 'Untrue of me'.

A very few of the sentences will not be applicable to you. For example, if you don't want to take part in sport then it makes no difference whether you are physically able to or not.

Where a sentence is not applicable, and only where it is not applicable, please fill in the circle labelled 'Not Applicable' as in the following example:

Very true of me

Slightly true of me

Untrue of me

Not applicable

Example

1. I can take part in any sport I want.

Now, please answer the following questions as truthfully as you can.

Don't spend too long over one sentence, just give your first reaction.

Please make sure you fill in one circle, and only one circle, for each sentence.

Your answers will be treated in the strictest confidence.

Begin here . . .

Sample Markings

Wrong

Right

Untrue of me

Slightly true of me

Very true of me

1. I can take part in any sport I want.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
2. When invited round to a friend's house, I worry that there may be something there which sets off an attack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
3. Having asthma restricts the sort of holiday I can take.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
4. I am a sound sleeper.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
5. I take good care to avoid doing things which make my asthma worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
6. I find it easy to carry shopping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
7. I think that those who live with me find it stressful because of my asthma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
8. I check all the time that I have my inhaler with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
9. I feel angry with my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
10. I hardly ever think about my asthma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
11. I sometimes let people down because my asthma prevents me from doing something I have previously agreed to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
12. I can run like other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>

Now please turn over . . .

Continue here . . .

Very true of me
Slightly true of me
Untrue of me

Very true of me
Slightly true of me
Untrue of me

<p>13. I never worry that going on holiday can make my asthma worse.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>25. I can go on the same kind of holiday as anyone else.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>14. Most nights I wake up needing to use my inhaler.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>26. I find housework easy.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>15. I have difficulty doing physically demanding tasks like gardening.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>27. Because of my asthma I feel drained after a cold.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>16. I tend to be more conspicuous than other people of the early symptoms of a cold.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>28. I need to take regular stops when I walk up a hill.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>17. There are times when I have difficulty getting around the house.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>29. I don't feel in control of my body.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>18. I think that my asthma does not affect the lives of my relatives.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>30. I feel anxious about not knowing when my next asthma attack is coming.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>19. If I forgot my inhaler it would probably make no difference.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>31. I sometimes go into a toilet just to take a puff of my inhaler.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>20. I never feel fed up because I have asthma.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>32. I get emotionally upset when puffy.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>21. I feel that there are many worse things than asthma.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>33. I don't have to make excuses to my friends because of my asthma.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>22. Eating out can be ruined if the restaurant is smokey.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>34. I sleep badly because of my asthma.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>23. I feel that I miss out because there are some sporting activities I can not join in with.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>35. I find it difficult to do some DIY activities like decorating.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>
<p>24. I feel frustrated at being unable to engage in sports.</p> <p style="text-align: center;">Not applicable <input type="radio"/></p>	<p>36. Colds don't bother me much.</p> <p style="text-align: right;">Not applicable <input type="radio"/></p>

Living With Asthma Questionnaire

Continue here . . .

Very true of me
 Slightly true of me
 Untrue of me

Very true of me
 Slightly true of me
 Untrue of me

37. I can walk up a hill as fast as anyone else of my age.	49. I feel inadequate because of my asthma.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
38. I can visit a pub without any problems.	50. I have a good future ahead of me.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
39. I tend to cough a lot at night.	51. I work badly when my asthma is bad.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
40. I can't do some jobs I would like to do because of my asthma.	52. There are places I would like to go to but can't because of my asthma.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
41. I tend to avoid other people who have colds.	53. I find it a real nuisance having to use my inhaler.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
42. I can walk up a flight of stairs without stopping.	54. I find it a real nuisance having to take my tablets for my asthma.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
43. I try to avoid getting emotionally upset because it makes my asthma worse.	55. I am in charge of my own life.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
44. My asthma makes me feel so helpless.	56. I sometimes feel sexually frustrated because of my asthma.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
45. Having asthma means I sometimes have to go home after a night out sooner than other people.	57. I worry about what my condition will be like in 10 years time.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
46. Having asthma makes no difference to the way I work.	58. I have panicky feelings when I think about the future.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
47. My colds last longer than other people's.	59. I am embarrassed by having asthma.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
48. I can only walk up a flight of stairs if I have one or more stops on the way.	60. I often feel depressed because of my asthma.
Not applicable <input type="radio"/>	Not applicable <input type="radio"/>
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

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Continue here . . .

Very true of me
Slightly true of me
Untrue of me

61. I find it easy to relax.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
62. Except when I have an attack, I am never really affected by asthma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
63. I don't bother much about my asthma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
64. My asthma does not amount to a serious health problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
65. I have confidence in my ability to cope with an asthma attack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
66. I worry about the long term effects of asthma drugs on my health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
67. I find that stress brings on an asthma attack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>
68. Having an asthma attack makes me angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable <input type="radio"/>

Please give the following information:

Sex Male Female (please fill in one circle)

Age _____ yrs. (please write your age)

Thank you for your help.

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Do not mark in this box

Patient Study No.	Study	Inv.	Age	Misc.
0 0 0 0 0 0	0 0 0	0 0 0	0 0	0 0 0 0 0 0 0 0
1 1 1 1 1 1	1 1 1	1 1 1	1 1	1 1 1 1 1 1 1 1
2 2 2 2 2 2	2 2 2	2 2 2	2 2	2 2 2 2 2 2 2 2
3 3 3 3 3 3	3 3 3	3 3 3	3 3	3 3 3 3 3 3 3 3
4 4 4 4 4 4	4 4 4	4 4 4	4 4	4 4 4 4 4 4 4 4
5 5 5 5 5 5	5 5 5	5 5 5	5 5	5 5 5 5 5 5 5 5
6 6 6 6 6 6	6 6 6	6 6 6	6 6	6 6 6 6 6 6 6 6
7 7 7 7 7 7	7 7 7	7 7 7	7 7	7 7 7 7 7 7 7 7
8 8 8 8 8 8	8 8 8	8 8 8	8 8	8 8 8 8 8 8 8 8
9 9 9 9 9 9	9 9 9	9 9 9	9 9	9 9 9 9 9 9 9 9