

# 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.*

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

	<b>Not at all</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Severely</b>	<b>Very severely</b>
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.	<input type="checkbox"/>				
15. I have been restricted in the sports, hobbies or other recreations I can engage in because of my asthma or shortness of breath .	<input type="checkbox"/>				
16. I have felt generally restricted .	<input type="checkbox"/>				
17. I have felt that asthma is controlling my life.	<input type="checkbox"/>				
18. I have been worried about my present or future health because of asthma.	<input type="checkbox"/>				
19. I have been worried about asthma shortening my life.	<input type="checkbox"/>				
20. I have felt dependent on my asthma inhalers.	<input type="checkbox"/>				