UNIVERSITY OF OXFORD

Asking you about your health

asthma

Instructions

Please complete the questionnaire, making sure you reply to all the questions. This should take you about 20 minutes.

If you have difficulties completing the questionnaire, please ask someone else to help you. However, it is your answers that we are interested in.

Questions or help?

If you have any questions or need any help please contact the research team on freephone 0800 9151 664 or via email at YourHealth@dphpc.ox.ac.uk.

Need help with translation?

Please ring 0800 9151 664

Please return the questionnaire in the enclosed pre-paid envelope

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MINI ASTHMA QUALITY OF LIFE QUESTIONNAIRE (MiniAQLQ)©

SELF-ADMINISTERED UNITED KINGDOM VERSION

Please complete **all** questions by circling the number that best describes how you have been during the **last 2 weeks as a result of your asthma.**

IN GENERAL, HOW MUCH OF THE TIME **DURING THE LAST 2 WEEKS** DID YOU:

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	Hardly Any of the Time	None of the Time
1. Feel SHORT OF BREATH as a result of your asthma?	1	2	3	4	5	6	7
2. Feel bothered by or have to avoid DUST in the environment?	1	2	3	4	5	6	7
3. Feel FRUSTRATED as a result of your asthma?	1	2	3	4	5	6	7
4. Feel bothered by COUGHING?	1	2	3	4	5	6	7
5. Feel AFRAID OF NOT HAVING YOUR ASTHMA MEDICATION AVAILABLE?	1	2	3	4	5	6	7
6. Experience a feeling of CHEST TIGHTNESS or CHEST HEAVINESS?	1	2	3	4	5	6	7
7. Feel bothered by or have to avoid CIGARETTE SMOKE in the environment?	1	2	3	4	5	6	7
8. Have DIFFICULTY GETTING A GOOD NIGHT'S SLEEP as a result of your asthma?	1	2	3	4	5	6	7
9. Feel CONCERNED ABOUT HAVING ASTHMA?	1	2	3	4	5	6	7
10. Experience a WHEEZE in your chest?	1	2	3	4	5	6	7

IN GENERAL, HOW MUCH OF THE TIME **DURING THE LAST 2 WEEKS** DID YOU:

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	Hardly Any of the Time	None of the Time
11. Feel bothered by or have to avoid going outside because of WEATHER OR AIR POLLUTION?	1	2	3	4	5	6	7

HOW **LIMITED** HAVE YOU BEEN **DURING THE LAST 2 WEEKS** DOING THESE ACTIVITIES **AS A RESULT OF YOUR ASTHMA**?

	Totally Limited	Extremely Limited	Very Limited	Moderate Limitation	Some Limitation	A Little Limitation	Not at all Limited
12. STRENUOUS ACTIVITIES (such as hurrying, exercising, running up stairs, sports)	1	2	3	4	5	6	7
13. MODERATE ACTIVITIES (such as walking, housework, gardening, shopping, climbing stairs)	1	2	3	4	5	6	7
14. SOCIAL ACTIVITIES (such as talking, playing with pets/children, visiting friends/relatives)	1	2	3	4	5	6	7
15. WORK-RELATED ACTIVITIES***** (tasks you have to do at work)	1	2	3	4	5	6	7

* If you are not employed or self-employed, these should be tasks you have to do most days.

End of MiniAQLQ

By placing a tick in one box in each group below, please indicate which statements best describe your own health state **today**.

16. **Mobility**

- I have no problems in walking about ❑
- I have some problems in walking about ❑
- I am confined to bed ❑

17. **Self-Care**

- I have no problems with self-care ❑
- I have some problems washing or dressing myself ❑
- I am unable to wash or dress myself ❑

18. **Usual Activities** *(e.g. work, study, housework, family or leisure activities)*

- I have no problems with performing my usual activities ❑
- I have some problems with performing my usual activities ❑
- I am unable to perform my usual activities ❑

19. **Pain/Discomfort**

- I have no pain or discomfort ❑
- I have moderate pain or discomfort ❑
- I have extreme pain or discomfort ❑

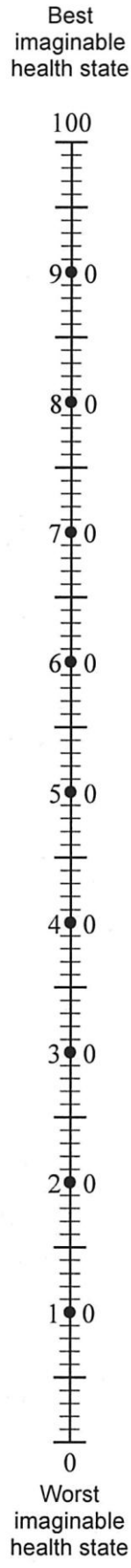
20. **Anxiety/Depression**

- I am not anxious or depressed ❑
- I am moderately anxious or depressed ❑
- I am extremely anxious or depressed ❑

21. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

    We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

Your own health state today



About you

The following questions will help us see how health varies between different people.

22. **Are you male or female?**

- ❑ Male
- ❑ Female

23. **How old are you?**

- ❑ Under 18
- ❑ 18 to 24
- ❑ 25 to 34
- ❑ 35 to 44
- ❑ 45 to 54
- ❑ 55 to 64
- ❑ 65 to 74
- ❑ 75 to 84
- ❑ 85 or over

24. **Which of these best describes what you are doing at present? If more than one of these applies to you, please tick the main ONE only.**

- ❑ Full-time paid work (30 hours or more each week)
- ❑ Part-time paid work (under 30 hours each week)
- ❑ Full-time education at school, college or university
- ❑ Unemployed
- ❑ Permanently sick or disabled
- ❑ Fully retired from work
- ❑ Looking after the home
- ❑ Doing something else

25. **Have you been told by a doctor that you have any of the following? Please tick all that apply.**

- ❑ Heart disease (for example angina, heart attack or heart failure)
- ❑ High blood pressure
- ❑ Problems caused by a stroke
- ❑ Leg pain when walking due to poor circulation
- ❑ Lung disease (for example asthma, chronic bronchitis or emphysema)
- ❑ Diabetes
- ❑ Kidney disease
- ❑ Diseases of the nervous system (for example Parkinson's disease or multiple sclerosis)
- ❑ Liver disease
- ❑ Cancer (within the last 5 years)
- ❑ Depression
- ❑ Arthritis

26. **How many years ago did you first receive a diagnosis for your asthma?**

____ years ____ months

27. **What is your ethnic group?**

Choose one section from A to E below, then select the appropriate option to indicate your ethnic group.

A. White

- ❑ British
- ❑ Irish
- ❑ Any other White background, please write in: _____

B. Mixed

- ❑ White and Black Caribbean
- ❑ White and Black African
- ❑ White and Asian
- ❑ Any other Mixed background, please write in: _____

C. Asian or Asian British

- ❑ Indian
- ❑ Pakistani
- ❑ Bangladeshi
- ❑ Any other Asian background, please write in: _____

D. Black or Black British

- ❑ Caribbean
- ❑ African
- ❑ Any other Black background, please write in: _____

E. Chinese or other ethnic group

- ❑ Chinese
- ❑ Any other ethnic group, please write in: _____

28. **What is the first part of your postcode?** _ _ _ _

29. **Did you have any help with completing this questionnaire?**

- ❑ Yes
- ❑ No

If you have any other comments, please write them in the space below.

Thank you for completing this questionnaire.

Please return it to the research team in the enclosed pre-paid envelope.