

## SAP Questionnaire

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### **Registration and Agreement to take part**

**First Name(s):** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### **Many thanks for taking the time to complete the questionnaire.**

This questionnaire asks about you, your asthma and how it affects your school life. Your answers are important to us as they will help with research into how we can help young people with asthma have a better time at school.

The questionnaire will take no longer than 20-30 minutes and will ask you about:

- General information (e.g. age, what area you live in etc.)
- How well your asthma is controlled
- Use of asthma medication
- Unplanned medical attention
- Asthma at school
- Smoking and parental smoking
- Emotional and behavioural well-being

We will also ask your school for information about your attendance and sick leave. This information will be very helpful in working out whether asthma has an impact on attendance. If you would prefer us not to collect this information from the school, you can indicate this below.

All the information you give us will be kept in a secure database by our research team. Everything you tell us will be kept strictly confidential and at no time will we share any of your personal details with anybody not connected to the research.

If you have any questions about the survey or our research, please contact us at [g.mosler@qmul.ac.uk](mailto:g.mosler@qmul.ac.uk).

### **I declare that (please tick)**

- ☐ I have read the study information and any questions I had about the study were answered.
- ☐ I understand that I can stop taking part at any time.
- ☐ I agree for the research team to collect information from my school.
- ☐ I am happy to take part in the study.

**Thank you very much for taking the time to fill out the questionnaire!**

## **Section 1 (Personal details)**

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

- ☐ Male
- ☐ Female

**2. How old are you? \_\_\_\_\_**

**3. How would you describe your ethnicity?**

- ☐ White
- ☐ Black
- ☐ South Asian (e.g. Indian, Bangladeshi, Pakistani)
- ☐ East Asian (e.g. Chinese, Japanese, Korean)
- ☐ Mixed
- ☐ Other: \_\_\_\_\_

**4. What's your home postcode? Please write the first part of your postcode or your full postcode: \_\_\_\_\_**

**5. Do you have any long-term health conditions other than your asthma?**

If the answer is yes please tick 'other' and describe your condition(s) in the text box

- ☐ No
- ☐ Other: \_\_\_\_\_

**Thank you very much for taking the time to fill out the questionnaire!**

## **Section 2: Asthma Control Test**

- 6. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or home?**
- ☐ All of the time
  - ☐ Most of the time
  - ☐ Some of the time
  - ☐ A little of the time
  - ☐ None of the time
- 7. In the past 4 weeks, how often have you had shortness of breath?**
- ☐ More than once a day
  - ☐ Once a day
  - ☐ 3 to 6 times a day
  - ☐ Once or twice a week
  - ☐ Not at all
- 8. In the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning?**
- ☐ 4 or more nights a week
  - ☐ 2 to 3 nights a week
  - ☐ Once a week
  - ☐ Once or twice
  - ☐ Not at all
- 9. In the past 4 weeks, how often have you used your reliever inhaler (usually blue)?**
- ☐ 3 or more times per day
  - ☐ 1 to 2 times per day
  - ☐ 2 to 3 times per week
  - ☐ Once a week or less
  - ☐ Not at all
- 10. How would you rate your asthma control during the past 4 weeks?**
- ☐ Not controlled at all
  - ☐ Poorly controlled
  - ☐ Somewhat controlled
  - ☐ Well controlled
  - ☐ Completely controlled

Thank you very much for taking the time to fill out the questionnaire!

*If you had completely controlled asthma in the last 4 weeks*

**11. Would you say your asthma has gone away**









- ☐ Yes
- ☐ No

Thank you very much for taking the time to fill out the questionnaire!

### **Section 3: Adherence**

#### **12. What type of inhaler(s) or other medications do you use on a regular basis?**

Only mention medication you use on a daily or weekly basis

<b><u>Inhaler</u></b>	<b><u>Please cross:</u></b>
<b>Blue inhaler</b> (salbutamol or Ventolin) 	
<b>Red inhaler</b> (ciclesonide or Alvesco) 	
<b>Purple inhaler</b> (fluticasone/salmeterol or Seretide) 	
<b>Red/white inhaler</b> (budesonide/formoterol or Symbicort) 	
<b>Brown/white inhaler</b> (budesonide or Pulmicort) 	
<b>Brown inhaler</b> (beclometasone) 	
<b>Orange inhaler</b> (fluticasone or Flixotide) 	
<b>Green inhaler</b> (salmeterol or Serevent) 	
<b>Steroid tablets:</b> Prednisolone (usually pink)	
<b>Theophylline tablets</b> or Nuelin SA (usually white)	
<b>LTRA tablet</b> (montelukast or Singulair)	
<b>I don't take any medication</b>	
<b>I have other inhalers or medications but I don't know their names</b>	
<b>Other:</b>	

Thank you very much for taking the time to fill out the questionnaire!

**13. Do you use a spacer with any of your inhalers?**

- ☐ Yes, I use a spacer with all of my inhalers
- ☐ Yes, I use a spacer with some of my inhalers
- ☐ No, I do not use a spacer with any of my inhalers

*If you are using a spacer:*

**14. How often do you use your spacer?**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

*If you are using a spacer*

**15. Know\_02: What do you think your spacer is for**

- ☐ So I can see the spray from my inhaler
- ☐ To make sure I don't breathe in too much medication
- ☐ To help asthma medication go into my lungs
- ☐ To improve the taste
- ☐ Other: \_\_\_\_\_

**16. 14-Adh2a: Do you feel comfortable when you use your inhaler at school?**

- ☐ Not at all comfortable
- ☐ Hardly comfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable
- ☐ Completely comfortable

**17. 14-Adh2b: Do you feel comfortable when you use your inhaler outside of school (e.g. at home)?**

- ☐ Not at all comfortable
- ☐ Hardly comfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable
- ☐ Completely comfortable
- ☐ I do not need to use it in school

*If you are taking a regular inhaler (e.g. brown inhaler)*

**18. 16-Adh4: Do you sometimes forget to take your regular preventer inhaler (e.g. brown inhaler)?**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time
- ☐ I do not have a regular inhaler

**Thank you very much for taking the time to fill out the questionnaire!**

*If you are taking regular preventer medication, e.g. brown inhaler*

**19. 17-Adh5: Do you sometimes miss your regular preventer inhaler (e.g. brown inhaler) on purpose?**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

**18-Adh6: Would you like to tell us why?** \_\_\_\_\_

\_\_\_\_\_

*If you are taking a regular preventer inhaler, e.g. brown inhaler*

**20. Know\_01: What is your regular preventer inhaler for (e.g. brown inhaler):**

- ☐ To make my asthma go away for good
- ☐ To reduce symptoms during an asthma attack:
- ☐ To stop me getting an infection
- ☐ To reduce the chances of me having an asthma attack
- ☐ Other \_\_\_\_\_

**21. ADH\_5b: Do you sometimes not use your blue reliever inhaler when you would need it?**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

**ADH\_7: Would you like to tell us why?**

\_\_\_\_\_

\_\_\_\_\_

Thank you very much for taking the time to fill out the questionnaire!

#### **Section 4 Medical attention**

**22. How many times have you had an unplanned visit to your GP/doctor due to your asthma in the last month?**

- ☐ 4 or more times
- ☐ 2-3 times
- ☐ 1-2 times
- ☐ Not at all

**23. How many times have you had an unplanned visit to the hospital due to your asthma in the last month?**

- ☐ 4 or more times
- ☐ 2-3 times
- ☐ 1-2 times
- ☐ Not at all

#### **Section 5: School activity**

**24. How many times have you missed a whole day of school due to your asthma in the last month?**

- ☐ 4 or more times
- ☐ 2-3 times
- ☐ 1-2 times
- ☐ Not at all

**25. How many times have you missed part of a day at school due to your asthma in the last month?**

- ☐ 4 or more times
- ☐ 2-3 times
- ☐ 1-2 times
- ☐ Not at all

**26. How many times have you missed all or part of a regular class lesson due to your asthma in the last month?**

- ☐ 4 or more times
- ☐ 2-3 times
- ☐ 1-2 times
- ☐ Not at all

**27. How many times have you missed all or part of a P.E. lesson due to your asthma in the last month?**

- ☐ 4 or more times
- ☐ 2-3 times
- ☐ 1-2 times
- ☐ Not at all

**Thank you very much for taking the time to fill out the questionnaire!**



**28. Do you feel that your asthma has a negative impact on how well you do in any of your classes or exams?**

- ☐ My asthma doesn't have an impact at all
- ☐ My asthma hardly has an impact
- ☐ My asthma has a little bit of an impact
- ☐ My asthma has some impact
- ☐ **My asthma has a big impact**

**Would you like to tell us more about any negative impacts your asthma has on your classes or exams?**

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Thank you very much for taking the time to fill out the questionnaire!

## **Section 6: Lifestyle and smoking**

**29. Do you smoke? (This includes cigarettes/cigars, shisha/hookah, marijuana/weed etc.)**

- ☐ Yes, everyday
- ☐ Yes, 5-6 days a week
- ☐ Yes, 3-4 days a week
- ☐ Yes, 1-2 days a week
- ☐ Yes, less than once a week
- ☐ No, not at all

**30. Do your parents/carers or other people you live with smoke at the moment?**

- ☐ Yes
- ☐ No

Thank you very much for taking the time to fill out the questionnaire!