**Supplementary material 1**. The Brief Illness Perception Questionnaire (BIPQ), which was used in this study. Reference: Broadbent E, Petrie KJ, Main J, Weinman J. The brief illness perception questionnaire. J Psychosom Res. 2006;60:631-7. Written permission obtained from E. Broadbent.

**The Brief Illness Perception Questionnaire (BIPQ)**

For the following questions, please circle the number that best corresponds to your views:

|  |
| --- |
| **1. How much does your asthma affect your life?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| No affect at all Severely affects my life  |
| **2. How long do you think your asthma will continue?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| A very short time Forever  |
| **3. How much control do you feel you have over your asthma?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Absolutely no control Extreme amount of control  |
|  |
| **4. How much do you think your preventer inhaler can help your asthma?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Not at all Extremely helpful  |
| **5. How much do you experience symptoms from your asthma?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| No symptoms at all Many severe symptoms  |
|  |
| **6. How concerned are you about your asthma?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Not at all concerned Extremely concerned  |
|  |

|  |
| --- |
| **7. How well do you feel you understand your asthma?**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Don’t understand at all Understand very clearly  |
| **8. How much does your asthma affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)**  |
| 0  | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10  |
| Not at all affected emotionally Extremely affected emotionally  |