

Annex 2: sample questionnaire: factors associated with appropriate use of asthma medication among adult asthmatic patients attending the asthma clinic of Korle-Bu Teaching Hospital

Identification		
Questionnaire ID _____	Name of research assistant _____	
Participant's contact No: _____	Name of investigator _____	
Date of interview _____	Site of study _____	
Directions: please answer all questions by circling the number of your choice(s) in the options below or writing in the spaces provided where applicable		
Section A: background information/demographic variables (7 items)		
	Question	
A1	Age (incomplete years)	_____
A2	Sex	1. Male 2. Female
A3	Level of educational attainment	1. No education 2. Primary 3. JHS 4. SHS/Vocational 5. Tertiary 6. Other _____
A4	Religion	1. Christian 2. Muslim 3. Traditionalist 4. Others
A5	Occupation	Please state _____
A6	Ethnicity	1. Akan 2. Ga 3. Ewe 4. Gonja 5. Other
A7	Marital status	1. Married 2. Single 3. Divorced 4. Separated
Section B: asthma history (8 items)		
B1	How long have you had asthma?	1. _____ years and _____ months
B2	How will you describe your condition?	1. Mild 2. Moderate 3. Severe
B3	What asthma medication(s) are you currently on? (multiple answers possible)	1. Ventolin inhaler 2. Symbicort inhaler 3. Serevent inhaler 4. Seretide inhaler 5. Oral prednisolone tablets 6. Oral salbutamol 7. Other _____
B4	How many years have you been on these medications	1. Ventolin inhaler _____ 2. Symbicort inhaler _____ 3. Serevent inhaler _____ 4. Seretide inhaler _____ 5. Oral prednisolone tablets _____ 6. Oral salbutamol _____ 7. Other _____
B5	Please state the dose and frequency for the medicine(s) that you are on	1. Ventolin inhaler _____ 2. Symbicort inhaler _____ 3. Serevent inhaler _____ 4. Seretide inhaler _____ 5. Oral prednisolone tablets _____ 6. Oral salbutamol _____ 7. Other _____
B6	Do you take any herbal medication for your asthma from time to time?	1. Yes 2. No
B7	Have you been admitted to the hospital since the beginning of the year because of your asthma condition?	1. Yes 2. No If Yes answer B8
B8	How many times have you been admitted to the hospital this year because of your asthma	Please state _____
Section C: medication-related-factors (objective 1)		

Side effects issues (3 items)		
C1	Do you generally like taking medicines?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
C2	Do you get side effects from using your inhaler/medicines?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
C3	Please state the drug(s) and indicate the side effects in the space provided	1. Ventolin inhaler 2. Symbicort inhaler_3. Serevent inhaler _4. Seretide inhaler 5. Oral prednilone tablets _ 6. Oral salbutamol __7. Other_____
Benefits of medication (2 items)		
C4	Do you see the benefits of your medications to be greater than any harm that it may cause	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
C5	Your preventive inhaler helps you feel in control of your asthma symptoms	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
Medication regimen (preventives: 8 items)		
C6	How many times do you use your preventive inhaler in a day	Please state_____
C7	Do you wish the number of times you use your preventive inhaler to be reduced	1. Yes 2. No If Yes answer C11
C8	How many times would you wish to use your preventive inhaler in a day	Please state_____
C9	Are you on any preventive oral tablets medicines?	1. Yes 2. No If Yes answer C12
C10	What is/are the name(s) of these preventive oral tablets?	Please state_____
C11	What is/are their dose and frequency?	Please state_____
C12	Do you wish for the number of preventive tablets you take daily to be reduced?	1. Yes 2. No
C13	How many oral preventive tablets would you wish to take daily?	Please state_____
Section D: patient-related factors (objective 1)		
Attitudes and beliefs (6 items)		
D1	Asthma medicines often don't work for you	I strongly agree I agree I neither agree nor disagree I disagree I strongly disagree
D2	In general, would you prefer taking tablets instead of inhalers to treat your asthma	1. I strongly agree I agree 2. I neither agree nor disagree I disagree I strongly disagree
D3	Why do you prefer the above chosen option	Please state_____
D4	You are worried about asthma shortening your life	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
D5	Do you keep your medicines at a place where you can easily access them to use?	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
D6	Do you feel that asthma is controlling your life?	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 5. I strongly disagree
Availability of medical support (6 items)		
D7	Do you need more medical support for the management of your asthma?	1. Yes 2. No If Yes answer D8

D8	What do you need?	Please state _____
D9	Who gives you most of the information you need to help you control your asthma?	1. The doctor 2. The pharmacist 3. Nurse
D10	Do you feel that you get adequate support from your doctor for the management of your asthma?	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
D11	Do you wish that your doctor spent more time talking to you about asthma	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
Availability of support from friends/family (1 item)		
D12	Does your family or friends advice or tell you to take your medicines more often	1. Yes 2. No
Ability to afford medication (1 item)		
D13	Can you afford to buy medications that you need for your asthma	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
Perceived necessity for daily medication (8 items)		
D14	Do you consider yourself a "normal healthy person"	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
D15	Do you feel you will become dependent on your preventive inhaler if you use it regularly?	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
D16	Asthma is a condition that needs treatment all the time: it is there all the time	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
D17	If you use your preventive inhaler every day, it won't work as well when you really need it	1. I strongly agree 2. I agree 2. I neither agree nor disagree I disagree 4. I strongly disagree
D18	Do you like using your inhaler in public	1. Yes 2. No 3. I Don't know
D19	Can you get by without using a preventive inhaler/medicines	1. Yes 2. No 3. I Don't know
D20	Will your asthma get worse if you don't Use your preventive inhaler	1. Yes 2. No 3. I Don't know
D21	Do you think that your asthma is serious enough to need daily medication	1. Yes 2. No 3. I Don't know
Knowledge of asthma and self-management of asthma (objective 1: 12 items)		
D22	Do you have sufficient understanding about asthma	1. Yes 2. No 3. I Don't know
D23	Do you have enough knowledge about how your inhalers work	1. Yes 2. No 3. I Don't know
D24	Even if you have no symptoms from your asthma, you should take a preventive inhaler every day so that you can stop asthma attacks from starting	1. Yes 2. No 3. I Don't know
D25	Asthma cannot be cured but it can be controlled	1. Yes 2. No 3. I Don't know
D26	When an asthmatic patient is exposed to cold, does exercise, or suffers from flu, this could lead to an asthma crisis	1. Yes 2. No 3. I Don't know
D27	A medication to be avoided by asthmatic patients is aspirin.	1. Yes 2. No 3. I Don't know

D28	The best route of administration for asthma medication is inhaled, or as an aerosol.	1. Yes 2. No 3. I Don't know
Appropriate use of asthma medication (objective 2; dependent variable: 7 items)		
E1	Do you try to take your asthma medications exactly as prescribed	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
E2	Do you forget to take your preventive inhaler	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
E3	Do you stop taking your daily asthma medication for some days because you feel better	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
E4	Do you take your preventive inhaler in advance of doing something that will give you asthma symptoms (e.g. exercise)	1. Always 2. Often 3. Sometimes 4. Rarely 5. Never
E5	Do you find your inhaler(s) easy to use	1. Yes 2. No
E6	If No, which inhaler do you have difficulty using?	Please state____