



**1600 HEALTH AND WELLBEING SURVEY
20 MINUTES QUANT QUESTIONNAIRE**

Programming notes (PN) displayed in red.

PN:

- Display each question on a new screen unless otherwise stated
- Do not rotate attributes unless specified

S1a

Country **(Do not show)**

- ☐ South Korea (1)
- ☐ Malaysia (2)
- ☐ Singapore (3)
- ☐ Hong Kong (4)
- ☐ China (5)
- ☐ Taiwan (6)
- ☐ Indonesia (7)
- ☐ Philippines (8)

S1b

(Do not show for S1 code 3 (Singapore) or 4 (Hong Kong))

Please select your current city

PN: single-code

CHINA (code 5 at s1)	TAIWAN (code 6 at s1)	SOUTH KOREA (code 1 at s1)	MALAYSIA (code 2 at s1)	PHILIPPINES (code 8 at s1)	INDONESIA (code 7 at s1)
Beijing (1)	Taipei (6)	Seoul (10)	Kuala Lumpur (13)	Manila (17)	Jakarta (21)
Shanghai (2)	Taichung (7)	Pusan (11)	Johor Bahru (14)	Cebu (18)	Surabaya (22)
Guangzhou (3)	Kaohsiung (8)	Others (12)	Penang (15)	Davao (19)	Medan (23)
Shenzhen (4)	Others (9)		Others (16)	Others (20)	Others (24)
Others (5)					

Intro

Thank you for taking part in this survey today. This survey covers questions about you, what you think about popular issues and asks you questions about your health.

Please be honest in your responses, we are interested in your opinions.

s2

Do you or does any member of your household work in any of these occupations?

Please select all that apply

PN: multi-code

- ☐ Advertising (1)
- ☐ Market Research (2)
- ☐ Marketing (3)
- ☐ Journalism (4)
- ☐ Public Relations (5)
- ☐ Pharmaceutical industry (6)
- ☐ None of the above (7) **PN: Anchor position. Mutually Exclusive Option**

STOP

Screen out if any of options 1 to 6 are selected –

Thank you for agreeing to take part but unfortunately we are looking to interview people who work in other professions

s3

When, if ever, was the last time that you took part in a market research survey about health issues?

Please select one answer only

PN: Single answer

- ☐ In the last week (1)
- ☐ In the last month (2)
- ☐ In the last 3 months (3)
- ☐ In the last 6 months (4)
- ☐ In the last year (5)
- ☐ More than 1 year ago (6)
- ☐ I have never taken part in a market research survey or survey about health issues before (7)

STOP

Screen out if any of options 1 to 3 are selected –

Thank you for agreeing to take part but we are looking to speak to people who have not participated in market research within the last 3 months.

s4

[Numeric, range 0 to 100]

How old were you at your last birthday?

Please enter your age in years

STOP

Screen out if age range is not between 18 and 50 –

Thank you for your time, however you are not within the age range of people we are looking to interview.

s5

Do you currently suffer from any of the following illnesses, which have been diagnosed by a doctor?

Please select as many as apply

PN: multi-code, rotate options 1-8

- ☐ Asthma (1)
- ☐ Cancer (2)

- ☐ Chronic obstructive pulmonary disease (COPD) (3)
- ☐ Depression (4)
- ☐ Diabetes (5)
- ☐ Heart disease (6)
- ☐ High blood pressure/hypertension (7)
- ☐ Rheumatoid arthritis (8)
- ☐ None of the above (9) **PN: Keep position. Mutually Exclusive Option**

STOP

Screen out if code 1 NOT selected –*Thank you for agreeing to take part but we are looking to speak to people with asthma.***s6**

Have you had more than two prescriptions from your doctor for your asthma in the past two years?
Please select one answer only

PN: single answer

- ☐ Yes (1)
- ☐ No (2)

Please note: By two prescriptions we mean either two different types of medication or a refilling of a prescription for the same medication

STOP

Screen out if code 1 NOT selected –**For those respondents with asthma (code 1 at S5) – ask all remaining questions in the screener before screening them out***Thank you for participating but unfortunately we are looking to speak with patients who have asthma and who have had two or more prescriptions in the last two years.***s7**

And are you...

- ☐ Male (1)
- ☐ Female (2)

s8

Please indicate to which occupational group the Chief Income Earner in your household belongs, or which group fits best.

This could be you: the Chief Income Earner is the person in your household with the largest income. If the Chief Income Earner is retired and has an occupational pension please answer for their most recent occupation. If the Chief Income Earner is not in paid employment but has been out of work for less than 6 months, please answer for their most recent occupation.

PN: single answer

- ☐ Semi or unskilled manual work (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-Heavy Goods Vehicle driver, shop assistant) (1)
- ☐ Skilled manual worker (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, Heavy Goods Vehicle driver, pub/bar worker, etc) (2)
- ☐ Supervisory or clerical/ junior managerial/ professional/ administrative (e.g. Office worker, Student Doctor, Foreman with 25+ employees, salesperson, etc) (3)
- ☐ Intermediate managerial/ professional/ administrative (e.g. Newly qualified (under 3 years) doctor, Solicitor, Board director in a small organisation, middle manager in large organisation, principal officer in civil service/local government) (4)

- ☐ Higher managerial/ professional/ administrative (e.g. Established doctor, Solicitor, Board Director in a large organisation (200+ employees, top level civil servant/public service employee) (5)
- ☐ Student (6)
- ☐ Casual worker – not in permanent employment (7)
- ☐ Housewife/ Homemaker (8)
- ☐ Retired and living on state/government pension (9)
- ☐ Unemployed or not working due to long-term sickness (10)
- ☐ Not working due to disability (11)
- ☐ Full-time carer of other household member (12)
- ☐ Other (please write in) (13)_____ [Other]

In some questions in this survey, we will ask about 'Social Media', by this we mean any interactive discussion you have online, for instance using Facebook, Twitter, forums or online blogs

s9

Which of the following most closely describes how frequently you use social media, such as Facebook, Twitter, Weibo **[China only]**, forums or online blogs?

Please select one answer only

PN: single answer

- ☐ Several times a day (1)
- ☐ Every day (2)
- ☐ Several times a week (3)
- ☐ Once a week (4)
- ☐ Several times a month (5)
- ☐ Once a month or less (6)
- ☐ Never (7)

Screen out if code 7 selected

The survey will take around 20 minutes of your time.

INFORMED CONSENT:

The primary objective of this research is to understand the current practices and attitudes towards asthma management.

This will be an anonymous survey study where your answers will be non-attributable and will be consolidated with the opinions of other respondents partaking in this study. Please note that this survey is for market research purposes only, it is in no way intended to be promotional. The results of this study will be published in medical journals.

Any information you give will be treated in the strictest confidence and results will only be reported back on an aggregated basis.

Based on this, please indicate if you agree to continue with the market research interview.

PN: single answer

- ☐ Agree (1)
- ☐ Do not agree (2)

Screen out if code 2 selected

N1

Asthma sufferers have different ideas of what asthma control means to them. Please tell me what you think this phrase “well-controlled asthma” means to you?

PN: open end, must include at least 3 words

q1

[Rotate answer list ♦ Left and Right grid text]

The first few questions are about your personality and attitudes towards your health

You are now going to see a number of statements that describe peoples’ attitudes to life. They will be presented as pairs at either end of a scale. We want you to indicate what type of person you are by placing yourself on this scale.

The scale goes from 1 to 7. So if you strongly associate with the statement on the left hand side you would give a score close to 1 and if you strongly associate with the statement on the right hand side you would give a score close to 7. You can use any point on the scale depending on how you associate with the statements being shown.

Please indicate, using the scale, which statement you associate more strongly with. The closer the number you select to a particular statement, the more strongly you associate with it

Please select one answer per row

PN: Single answer per row, must select one answer for every row

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	
Family focused (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Friends focused
Career/ work oriented (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Home/family oriented
Going out (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Staying in
Hectic life – always on the go (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Take life at a steady pace
Live for the moment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Plan for the future
Live to work (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Work to live
Like to be active in my leisure time (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Like to relax and take it easy in my leisure time
Risk taker (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Risk averse

q2

To what extent do you agree or disagree with the following statements?

Please select one answer per row

PN: Single answer per row, must select one answer for every row

[Randomize answer list]

	Strongly disagree (1)	Tend to disagree (2)	Tend to agree (3)	Strongly agree (4)
I live for today, rather than worry about tomorrow (1)	?	?	?	?
It's important that I fit in with people around me (2)	?	?	?	?
I have no time to think about my health as other things are more important (3)	?	?	?	?
My doctor knows what is best for me and I try to follow what (s)he says (4)	?	?	?	?
Don't label me as a person who is sick (5)	?	?	?	?
I see myself as healthy and fit (6)	?	?	?	?
I am not like other people with asthma (7)	?	?	?	?
I just get on with my life, I don't think about my asthma (8)	?	?	?	?
I worry about what my asthma will be like in 10 years (9)	?	?	?	?

We would now like to ask you some questions about the overall level of your health.

q3v1

Firstly, how would you describe the overall state of your health? We would like you to indicate on the following scale of 1 to 10, where 1 is a very poor state of health and 10 is an excellent state of health.

Please select one option only

PN: Single answer

	1 - Very poor (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	8 (8)	9 (9)	10 - Excellent (10)
Overall state of health (1)	?	?	?	?	?	?	?	?	?	?

q3v2

How would you describe the state of your health compared to other people your age?

Please select one answer only

PN: Single answer

- ☐ I am in better health than other people my age (1)
- ☐ I have a similar level of health to other people my age (2)
- ☐ My health is worse than other people my age (3)

q4v1**[Numeric, range 0 to 20]**

In an average week, how often do you exercise for at least 30 minutes?

*Please enter number of times below***q4v2**

Which of the following types of exercise do you do regularly?

*Please select all that apply***PN: multi-code, randomize the order of showing items 1 to 6, anchoring 7 and 8 at the bottom**

- ☐ Swimming (1)
- ☐ Running (2)
- ☐ Cycling (3)
- ☐ Going to the gym (4)
- ☐ Walking (5)
- ☐ Playing sports such as football, tennis etc (6)
- ☐ Other types of activity (7)
- ☐ None of these (8) **PN: Keep position. Mutually Exclusive Option**

q5

Which of the following most closely describes why you don't do more physical activity?

*Please select one answer only***PN: Single answer****[Randomize answer list]**

- ☐ I don't have time (1)
- ☐ I'm too tired (2)
- ☐ I don't have the willpower / don't want to (3)
- ☐ I don't like to exercise (4)
- ☐ I avoid doing more exercise because of my asthma (5)
- ☐ I am afraid of having an asthma attack if I did more (6)
- ☐ I am too breathless to do more exercise (7)
- ☐ My doctor has advised me not to do more exercise than I am currently doing because of my asthma (8)
- ☐ I am doing enough exercise to stay healthy already, I don't need to do more (9)
- ☐ None of these (10) **PN: Keep position.**
- ☐ Other (please specify) (11)_____ [Other] **PN: Keep position.**

q6

Which of the following best describes you?

*Please select one answer only***PN: Single answer**

- ☐ Never smoked tobacco (1)
- ☐ Have tried tobacco in the past, but don't currently smoke (2)
- ☐ Used to smoke tobacco, but don't now (3)
- ☐ Still smoking (4)

Go straight to q10 if option (1) is selected

q7

Do not ask if Q6 code 1 selected**[Numeric, range 0 to 7 (inclusive) if Code 2 selected at Q6.]****[Numeric, range 1 to 7 (inclusive) if Code 3 or 4 selected at Q6.]**

How many days in an average week do / did you smoke?

Please enter a number in the box below

q8

Do not ask if Q6 code 1 selected

And on the days that you smoke (d) approximately how many cigarettes do / did you smoke per day?

Please select one answer only

PN: Single answer

- ☐ 1 – 5 (1)
☐ 6 – 10 (2)
☐ 11 – 15 (3)
☐ 16 – 20 (4)
☐ 21 – 30 (5)
☐ 31 – 40 (6)
☐ 41 – 50 (7)
☐ 51+ (8)
☐ Smoke another form of tobacco (not cigarettes) (9)

q9

PN: Ask only if Code 4 is selected at Q6 How committed are you about quitting smoking in the next 6 months, on a scale of 1 to 4 where 1 is not at all committed to quitting and 4 is extremely committed?

PN: Single answer

1 - Not at all committed (1)	2 (2)	3 (3)	4 - Extremely committed (4)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

q10

[Numeric, range 0 to 100, allow to 1 decimal point. Answer not required]

Please indicate how many alcoholic drinks of these types you drink in an average week

PN: For all markets except Philippines:

Large bottle of beer, cider, ale or lager (1)

Small bottle of beer, cider, ale or lager (2)

Large glass of wine (3)

Small glass of wine (4)

Double measure of spirit with or without a mixer (5)

Single measure of spirit with or without a mixer (6)

Other specify (7)

☐ I only drink alcohol on special occasions, less than once a week (9) **PN: Keep position. Mutually Exclusive Option**
☐ I do not drink alcohol (99) **PN: Keep position. Mutually Exclusive Option**

PN: For Philippines only:

Bottle of beer, cider, ale or lager (2)

Large glass of wine (3)

Small glass of wine (4)

Double measure (two shots) of spirit* with or without a mixer (5)

Single measure (one shot) of spirit* with or without a mixer (6)

Other specify (7)

☐ I only drink alcohol on special occasions, less than once a week (9) **PN: Keep position. Mutually Exclusive Option**
☐ I do not drink alcohol (99) **PN: Keep position. Mutually Exclusive Option**
PN: Philippines only:***Spirits include brandy, gin, rum, tequila, vodka, scotch and whisky****q11****Do not show if option 99 selected in Q10**

To what extent do you agree or disagree with the following statements?

PN: Single answer per row, must select one answer for every row**[Randomize answer list]**

	Strongly disagree (1)	Tend to disagree (2)	Tend to agree (3)	Strongly agree (4)
I drink more than I should at least once a month (1)	?	?	?	?
I like to have a couple of drinks every night to relax (2)	?	?	?	?
I drink more than I should at the weekend (3)	?	?	?	?
I often lose count of how much I have drunk (4)	?	?	?	?
I wake up after drinking with a headache or hangover at least once a month (5)	?	?	?	?

Now we'd like to ask you some questions specifically about your asthma...

q12v1

[Numeric, range 0 to S4. Answer not required]

At what age was your asthma diagnosed by a doctor?

Enter age here (1) _____

Must be less than or equal to S4

☐ Unsure / don't know (99) **PN: Keep position. Mutually Exclusive Option**

q12v2

And do any of your friends or family also suffer from asthma?

Please select all that apply

PN: multi-code, fix the order of items 1-5

- ☐ My children (1)
- ☐ My parents (2)
- ☐ My siblings (3)
- ☐ Other family members (4)
- ☐ My friends (5)
- ☐ None of these (6) **PN: Keep position. Mutually Exclusive Option**

q13

How serious do you consider your asthma to be at the moment?

Please select one answer only

PN: Single answer

- ☐ Not at all serious (1)
- ☐ Not very serious (2)
- ☐ Fairly serious (3)
- ☐ Very serious (4)

q14

How often do you think about your asthma?

Please select one answer only

PN: Single answer

- ☐ All of the time (several times a day) (1)
- ☐ Some of the time (more than once a week) (2)
- ☐ Rarely (once a month) (3)
- ☐ Never (4)

q15

To what extent are you concerned about your asthma?

Please select one answer only

PN: Single answer

- ☐ Not at all concerned (1)
- ☐ Not very concerned (2)
- ☐ Fairly concerned (3)
- ☐ Very concerned (4)

q17

Which of the following most closely describes your level of knowledge about how to manage your asthma?

Please select one answer only

PN: Single answer

- ☐ I have an excellent level of knowledge about how to manage my asthma (1)
☐ I have a good knowledge about how to manage my asthma (2)
☐ I have a reasonable knowledge about how to manage my asthma (3)
☐ I have a little knowledge about how to manage my asthma (4)

q18

Which of the following most closely describes your level of confidence in managing your asthma?

Please select one answer only

PN: Single answer

- ☐ Very confident (1)
☐ Fairly confident (2)
☐ Not very confident (3)
☐ Not at all confident (4)

q19

Which asthma symptoms do you find affect you most?

Please rank the symptoms in order of priority, with 1 having the most impact on your life and 5 the least

PN: Single answer per row, must select one answer for every row

If code 6 selected for any option, ranking to only include as many options as are ranked

	1 most impact (1)	2 (2)	3 (3)	4 (4)	5 least impact (5)	This doesn't affect me (6) PN: Do not show '(6)' on screen
Wheezing (1)	?	?	?	?	?	?
Breathlessness (2)	?	?	?	?	?	?
Night time awakenings (3)	?	?	?	?	?	?
Coughing (4)	?	?	?	?	?	?
Chest tightness (5)	?	?	?	?	?	?

q20

Thinking about the last week...

How many times have you used your reliever inhaler? (this provides immediate relief of symptoms **PN: 'of symptoms for Philippines only'** and is usually blue in colour)

PN: Single answer, not required

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)	8 (9)	9 (10)	10 (11)
Select number of times (1)	?	?	?	?	?	?	?	?	?	?	?

☐ I don't have a reliever inhaler (99) **PN: Keep position. Mutually Exclusive Option**

q21to23

Thinking about the last 7 days...

PN: Single answer per row, must select one answer for every row

	0 (2)	1 (3)	2 (4)	3 (5)	4 (6)	5 (7)	6 (8)	7 (9)
How many days has asthma interfered with your normal activities (e.g. sport, school, work / housework)? (1)	?	?	?	?	?	?	?	?
How many nights have you been affected / woken up by asthma symptoms (including cough)? (2)	?	?	?	?	?	?	?	?
How many days have you experienced asthma symptoms? (3)	?	?	?	?	?	?	?	?

q24a

Would you consider your asthma to be well controlled?

PN: Single answer

- ☐ Yes (1)
☐ No (2)

q24b**Skip if code 99 is selected in Q20****[Numeric, range 0 to 100.]**

Thinking about the last 4 weeks...

What was the highest number of puffs in 1 day you took of your reliever inhaler (*this provides immediate relief of symptoms* **(PN: 'of symptoms for Philippines only)** and is usually blue in colour)

q24c

In the last 12 months...

PN: Single answer per row, must select one answer for every row

	0 (1)	1 (2)	2 (3)	3 (4)	4 (5)	5 (6)	6 (7)	7 (8)	8 (9)	9 (10)	10+ (11)
How many times have you needed a course of steroid tablets for worsening asthma? (1)	?	?	?	?	?	?	?	?	?	?	?
How many days have you had off work / education because of your asthma? (2)	?	?	?	?	?	?	?	?	?	?	?

q25

Which one of the following statements best describes how your breathing feels as a result of your asthma?

*Please select one answer only***PN: Single answer**

- ☐ I only get breathless with strenuous exercise (1)
☐ I get short of breath when hurrying on level ground or walking up a slight hill (2)
☐ On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace (3)

- ☐ I stop for breath after walking about 100 metres or after a few minutes on level ground (4)
- ☐ I am too breathless to leave the house (5)

q26

Which of the following would describe how you would feel after climbing a flight of stairs, if you did not use your asthma medication?

Please select one only

PN: Single answer

- ☐ It is easy, I would feel fine (1)
- ☐ I would feel breathless (2)
- ☐ I would feel exhausted (3)
- ☐ I wouldn't be able to do it (4)

q27

How frequently, if at all, have you experienced any of the following as a result of your asthma?

Please select one answer per row

PN: Single answer per row, must select one answer for every row

	Several times a month (1)	At least once a month (2)	At least once every 3 months (3)	At least once every 6 months (4)	At least once every 12 months (5)	Less frequently than once a year (6)	Never (7)
Episodes where your asthma symptoms get significantly worse, e.g. you become wheezy, breathing becomes more difficult, etc. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiencing other health problems related to your asthma, e.g. chest infections/ bronchitis, stubborn coughs, etc. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

q28a

[Numeric , range 0-366 (inclusive)]

How many times in the past year have you needed a course of antibiotics because you experienced other health problems related to your asthma, e.g. chest infections / bronchitis / stubborn cough etc?

q28b

[Numeric , range 0-366 (inclusive)]

How many times have you been treated in Accident and Emergency or the hospital emergency department for your asthma in the past 12 months?

q28c**[Numeric , range 0-366 (inclusive)]**

How many times have you been hospitalised and had to stay overnight in a hospital as a result of your asthma in the past 12 months?

q29**Skip if Q28c is 0**

How, if at all, did the experience of being in hospital due to your asthma change your behaviour?
Please select as many as apply

PN: multi-code

- ☐ It made me manage my asthma more carefully for a short time, and then I returned to my usual habits (1)
- ☐ It made me change how I manage my asthma in the long term (2)
- ☐ It made me realise my asthma can be life threatening (3)
- ☐ It made no difference at all (4) **PN: Keep position. Mutually Exclusive Option**
- ☐ Other (please specify) (5) _____ [Other]

q30a

Which of the following healthcare professionals do you see about your asthma? Please record all the people you see about your asthma.

Please select as many as apply

PN: multi-code

- ☐ Family doctor / GP (1)
- ☐ Internal Medicine (IM) (7)
- ☐ Specialist respiratory doctor/consultant or chest physician (2)
- ☐ Other specialist (please specify) (3) _____ [Other]
- ☐ Nurse (4)
- ☐ Pharmacist (5)
- ☐ Other non specialist (please specify) (6) _____ [Other]
- ☐ I do not see a healthcare professional about my asthma (8) **PN: Keep position. Mutually Exclusive Option**

Skip if Code 8 is selected in Q30a**q30b**

Which healthcare professional would you consider to be the main person who you see about your asthma?

Please select one answer only

PN: Single answer, To only pipe in options of HCPs selected at Q30a

- ☐ Family doctor/GP (1)
- ☐ Internal Medicine (IM) (7)
- ☐ Specialist respiratory doctor/consultant or chest physician (2)
- ☐ **PIPE IN FROM Q30a_3_other** (3)
- ☐ Nurse (4)
- ☐ Pharmacist (5)
- ☐ **PIPE IN FROM Q30a_6_other** (6)

Skip if Code 8 is selected in Q30a

q31

How often do you see your **PIPE IN ANSWER SELECTED AT Q30b** about your asthma?

Please select one answer only

PN: Single answer

- ☐ Every month or more often (1)
- ☐ Every 1 to 3 months (2)
- ☐ Every 4 to 6 months (3)
- ☐ Every 7 to 12 months (4)
- ☐ Less than once a year (5)

Skip if Code 8 is selected in Q30a

q32

PN: Multiple answers allowed at Q32i, single answer for Q32ii. Must select at least 1 option per column.

	q32i - What are all the reasons or triggers for you to visit PIPE IN ANSWER SELECTED AT Q30b specifically about your asthma?	q32ii - And what is the single main trigger for you to see your PIPE IN ANSWER SELECTED AT Q30b specifically about your asthma?
As part of a regular asthma review (1)	<input type="checkbox"/>	<input type="checkbox"/>
When my asthma symptoms becomes worse (2)	<input type="checkbox"/>	<input type="checkbox"/>
When I worry about or want more information about my asthma medication (3)	<input type="checkbox"/>	<input type="checkbox"/>
When I need more asthma medication (4)	<input type="checkbox"/>	<input type="checkbox"/>
An asthma attack (5)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify) (6)_____ [Other]	<input type="checkbox"/>	<input type="checkbox"/>

Skip if Code 8 is selected in Q30a

q33

Overall, how would you rate the relationship you have with your **PIPE IN ANSWER SELECTED AT Q30b** about your asthma?

Please select one answer only

PN: Single answer

- ☐ Very Good (1)
- ☐ Good (2)
- ☐ Poor (3)
- ☐ Very Poor (4)

q34a**[Rotate answer list]**

To what extent do you agree with the following statements, which relate to how you feel with regards to your asthma?

Please select one answer per row

PN: Single answer per row, must select one answer for every row

	Strongly disagree (1)	Tend to disagree (2)	Tend to agree (3)	Strongly agree (4)
I know how to manage my asthma without the help of my doctor (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My symptoms are not serious (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When my asthma symptoms become worse, it is my own fault (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to have easier access to prescriptions for my asthma medication (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am anxious about not knowing when my next asthma attack is coming (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

q34b

Would you like to be able to manage your asthma better on your own?

PN: Single answer

- ☐ Yes (1)
- ☐ No (2)
- ☐ I already manage my asthma well enough on my own (3)

q34c

To what extent do you agree with the following statement, 'I feel frustrated by not being able to manage my asthma better'

PN: Single answer

- ☐ Strongly agree (1)
- ☐ Tend to agree (2)
- ☐ Tend to disagree (3)
- ☐ Strongly disagree (4)

The next section will ask you about your medication. If you are experiencing any adverse effects from your medication please contact your doctor immediately.

q35

Which of the following treatments do you currently take to help manage your asthma?

Please select your response to each statement below, and write in the name of the medication if you know it.

PN: Single answer for Q35i. Only answer Q35ii and Q35iii if code 1 selected at Q35i – answer not required.

	q35i -			q35ii - Name of medication product 1 (if you can recall)	q35iii - Name of medication product 2 (if you can recall)
	Yes (1)	No (2)	Don't know (3)		
Reliever/ rescue inhaler (<i>this provides immediate relief of symptoms (PN: 'of symptoms for Philippines only') and is usually blue in colour</i>)- these are taken to relieve asthma symptoms immediately (1) Autofill as no (code 2) if code 99 answered at q20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Controller inhaler (these are usually brown, orange, red, purple or pink) – these are the ones you take regularly, every day, to prevent your symptoms (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Oral treatment (pill) (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other asthma medication (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Traditional Korean Medicine (TKM) (6) PN: Show in Korea only Traditional Chinese Medicine (TCM) (6) PN: Show in all countries except Korea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

☐ I am not currently taking any asthma medication (99) **PN: Keep position. Mutually Exclusive Option**

q36

Skip if code 99 selected at q35 or code 2 selected for controller inhaler (2) at Q35i

Which statement best describes how you take your regular asthma treatment. This is your controller inhaler, which is usually brown, orange , red, purple or pink.

Please select one answer only

PN: Single answer

- ☐ I take it every day (1)
☐ I take it some days, but others I do not (2)
☐ I used to take it, but now I do not (3)
☐ I take it only when I have symptoms (4)
☐ I never take it (5)

q37**Skip if code 99 selected at q35 or code 2 selected for controller inhaler (2) at Q35i****Do not ask if Code 1 in q36 is selected**

Why do you not take your regular asthma medication every day?

PN: Open end**q38****Skip if code 99 selected at q35**

Have you had the way you take your inhaler(s) checked by a healthcare/ medical professional in the past 12 months?

*Please select one answer only***PN: Single answer**☐ Yes (1)☐ No (2)**q39****[Rotate answer list]**

To what extent would you agree with the following statements?

*Please select one answer per row***PN: Single answer per row, must select one answer for every row**

	Strongly disagree (1)	Tend to disagree (2)	Tend to agree (3)	Strongly agree (4)
I had a full discussion with my doctor about the best medication to treat my asthma (1)	?	?	?	?
My doctor doesn't understand my asthma (2)	?	?	?	?
I know better than my doctor how to manage my asthma (3)	?	?	?	?
I have discussed my asthma with my doctor, but it didn't answer all of the questions I had (4)	?	?	?	?
Do not show option if code 2 for controller inhaler at Q35i (or code 99 for Q35)				
I need to take my controller inhaler (usually brown, orange, red, purple or pink) regularly for my asthma to be well controlled (5)	?	?	?	?
I find my inhaler difficult to use (6)	?	?	?	?
Having to take regular asthma medication worries me (7)	?	?	?	?
I ignore my doctor's instructions about when and how often to take my medication (inhaler) (8)	?	?	?	?
I find it a real nuisance having to use my inhaler (9)	?	?	?	?

q40

Thinking about your asthma nowadays...

How often, if at all, do you actively look for information about your asthma?

Please select one answer only

PN: Single answer

- ☐ Several times a day (1)
- ☐ Every day (2)
- ☐ 2 – 5 times a week (3)
- ☐ Once a week (4)
- ☐ One or two times a month (5)
- ☐ Every three months (6)
- ☐ Every six months (7)
- ☐ Every year (8)
- ☐ Less often than once a year (9)
- ☐ I don't look for information (10)

q41

Skip if code 10 selected at q40

What information are you looking for about your asthma?

Please select all that apply

PN: multi-code

- ☐ General information about asthma (what it is etc.) (1)
- ☐ Information about what makes asthma worse or what can trigger attacks (2)
- ☐ Information about how to prevent asthma attacks (3)
- ☐ Information about what to do when you get in to trouble / have an asthma attack (4)
- ☐ Advice about medication including side effects (5)
- ☐ New developments in asthma – e.g. new medication (6)
- ☐ General discussion with other people with asthma (7)
- ☐ Other (please specify) (8) _____ [Other]

q42i

Skip if code 10 selected at q40

If you were to look for information about asthma, which of the following would you use to help look for information on asthma?

Please select as many as apply

PN: multi-code

- ☐ Friends (1)
- ☐ Family (2)
- ☐ Family doctor/GP (3)
- ☐ Internal Medicine (IM) (18)
- ☐ Specialist respiratory doctor (4)
- ☐ Nurse (5)
- ☐ Pharmacist (6)
- ☐ A search engine (e.g. Google, Bing, Yahoo, Baidu **[China only]** ; etc.) (7)
- ☐ Specific disease or health websites (8)
- ☐ Online health forums (9)
- ☐ Magazines, TV or radio (10)
- ☐ Facebook (11)
- ☐ Twitter (12)

- ☐ You Tube (13)
☐ Weibo (19) **[China only]**
☐ Pharmaceutical companies via their web site (14)
☐ Other (please specify) (15) _____ **[Other]**
☐ None – I would not recommend any of these sources (17) **PN: Keep position. Mutually Exclusive Option**

PN: Skip if Code 10 is selected at Q40

q42ii

And which, of these, if any, would you recommend to your friends for asthma information?

Please select as many as apply

PN: multi-code

- ☐ Friends (1)
☐ Family (2)
☐ Family doctor/GP (3)
☐ Internal Medicine (IM) (18)
☐ Specialist respiratory doctor (4)
☐ Nurse (5)
☐ Pharmacist (6)
☐ A search engine (e.g. Google, Bing, Yahoo ,Baidu **[China only]**; etc.) (7)
☐ Specific disease or health websites (8)
☐ Online health forums (9)
☐ Magazines, TV or radio (10)
☐ Facebook (11)
☐ Twitter (12)
☐ You Tube (13)
☐ Weibo (19) **[China only]**
☐ Pharmaceutical companies via their web site (14)
☐ **PIPE IN ANSWER IF CODE 15 SELECTED AT Q42i** (15)
☐ None – I would not recommend any of these sources (16) **PN: Keep position. Mutually Exclusive Option**

PN: Skip if Code 10 is selected at Q40

q43

To what extent do you consider this a trustworthy source of information about asthma?

PN: Single answer per row, must select one answer for every row

	Very untrustworthy (1)	Fairly untrustworthy (2)	Fairly trustworthy (3)	Very trustworthy (4)
Friends (1)	?	?	?	?
Family (2)	?	?	?	?
Family doctor/GP (3)	?	?	?	?
Internal Medicine (IM) (18)	?	?	?	?
Specialist respiratory doctor (4)	?	?	?	?
Nurse (5)	?	?	?	?
Pharmacist (6)	?	?	?	?
A search engine (e.g. Google, Bing, Yahoo, Baidu [China only] ; etc.) (7)	?	?	?	?
Specific disease or health	?	?	?	?

	Very untrustworthy (1)	Fairly untrustworthy (2)	Fairly trustworthy (3)	Very trustworthy (4)
websites (8)				
Online health forums (9)	?	?	?	?
Magazines, TV or radio (10)	?	?	?	?
Facebook (11)	?	?	?	?
Twitter (12)	?	?	?	?
You Tube (13)	?	?	?	?
Weibo (19) [China only]	?	?	?	?
Pharmaceutical companies via their web site (14)	?	?	?	?
PIPE IN ANSWER IF CODE 15 SELECTED AT Q42i (15)	?	?	?	?

q46**[Rotate answer list]**

We are now going to ask you some more general questions about your life and your attitudes towards your asthma...

To what extent do you agree, or disagree, with the following statements?

Please select one answer per row

PN: Single answer per row, must select one answer for every row

	Strongly disagree (1)	Tend to disagree (2)	Tend to agree (3)	Strongly agree (4)
I often can't sleep at night as I am worrying about what happened that day (1)	?	?	?	?
If someone asked me, I would say I had a stressful life (2)	?	?	?	?
I often have days where I feel stressed out (3)	?	?	?	?
If I have a lot of things to do, I can get agitated and cross with people (4)	?	?	?	?
I wish I had more time to do the things I want to do (5)	?	?	?	?

q47**[Randomize answer list]**

To what extent do you do the following specifically because of your asthma?

Please select one answer per row

PN: Single answer per row, must select one answer for every row

	Not at all (1)	Not very much (2)	A fair amount (3)	A great deal (4)
Watch how much alcohol you drink (1) Add code 5 'not applicable' for this item if option 99 selected in Q10	?	?	?	?
Do more exercise (2)	?	?	?	?
Keep yourself healthy (3)	?	?	?	?

	Not at all (1)	Not very much (2)	A fair amount (3)	A great deal (4)
Avoid stress as much as possible (4)	?	?	?	?
Have a balanced diet (5)	?	?	?	?
Avoid staying out late (6)	?	?	?	?
Try to keep a good work-life balance (7)	?	?	?	?
Avoid being in places where there is a lot of smoking (8)	?	?	?	?
Avoid being near animals or pets (9)	?	?	?	?

q48

To what extent do you agree, or disagree, with the following statements?

Please select one answer per row

PN: Single answer per row, must select one answer for every row

[Randomize answer list]

	Strongly disagree (1)	Tend to disagree (2)	Tend to agree (3)	Strongly agree (4)
I ignore my asthma and its symptoms so I can feel normal and fit in with my friends/peers (1)	?	?	?	?
I feel embarrassed carrying my asthma inhaler around with me (2)	?	?	?	?
I feel embarrassed using my asthma inhaler in front of others (3)	?	?	?	?
I worry about the impact my asthma will have on my health in the future (4)	?	?	?	?
I have control over my asthma (5)	?	?	?	?
My asthma stops me living life to the full (6)	?	?	?	?
My asthma affects my sex life (7)	?	?	?	?
My asthma makes me feel self-conscious when I want to be intimate with someone (8)	?	?	?	?
I don't like to be told what to do about my asthma (9)	?	?	?	?
I prefer to manage my asthma myself, rather than seek my doctor's advice (10)	?	?	?	?
My asthma affects my work (11)	?	?	?	?
I have to take time off work due to my asthma (12)	?	?	?	?

q49

What, if anything, would you like to achieve in spite of your asthma?

Please select one answer only

PN: Single answer

- ☐ I would like to be able to carry out everyday activities without being worried my asthma is getting out of control (1)
- ☐ I would like to be more active (2)
- ☐ I would like to have fewer days off-sick as a result of my asthma (3)

- ☐ I would like to continue my busy social life without having to worry about my asthma (4)
- ☐ See the doctor less often (5)
- ☐ Not have people worry about me (6)
- ☐ Other (please specify) (7)_____ [Other]
- ☐ Nothing at all – my asthma doesn't prevent me from achieving what I want (8)

Finally, we have five quick questions to summarise your asthma...

G1

Which of the following most closely describes your daytime asthma symptoms?

PN: Single answer

- ☐ Experience symptoms twice a week or less (1)
- ☐ Experience symptoms more than twice a week (2)

G2

Which of the following most closely describes any limitations in activity you experience as a result of asthma?

PN: Single answer

- ☐ No limitations in activity due to asthma (1)
- ☐ Some limitations in activity due to asthma (2)

G3

Which of the following most closely describes your night time symptoms/ night time awakenings as a result of asthma?

PN: Single answer

- ☐ No night time symptoms/awakenings (1)
- ☐ Some night time symptoms/awakenings (2)

G4

How often do you need to use your reliever/ rescue medication per week?

PN: Single answer, If Code 99 at Q35, G4 should only be Code 1

- ☐ 2 times a week or less (1)
- ☐ 2 times a week (2)
- ☐ 2 to 10 times per week (3)
- ☐ More than 10 times per week (4)

G5

Which of these typically describes your lung function (PEF), if known?

PN: Single answer

- ☐ Normal (1)
- ☐ Less than 80% of personal best (2)
- ☐ Don't know (3)

Recontact

Are you happy to be re-contacted for further research?

Please select one answer only

PN: Single answer

- ☐ Yes (1)
- ☐ No (2)

STOP

Complete –*Thank you for your valued input****PN: Add in Feedback box for pilots*****Feedback**

Please give feedback of your experience of completing this questionnaire – were there any questions that you found difficult to answer or confusing? If so, please provide as much detail as possible.

You may use the back button to review previous questions.