Please read this carefully

On the following pages you will find some statements that have been made by people who have asthma.

Thinking about your asthma, please read each statement carefully and tick ‘True’ if the statement applies to you and tick ‘Not True’ if it does not.

Please choose the response that best applies to you at the moment.

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Remember to tick ✔️ the box next to the response that best applies to you *at the moment*

1. Asthma stops me being adventurous
   - True ☐
   - Not True ☐

2. I feel dependent on my treatment
   - True ☐
   - Not True ☐

3. I’m unable to join in activities with my friends and family
   - True ☐
   - Not True ☐

4. I feel older than my years
   - True ☐
   - Not True ☐

5. I have to pace myself
   - True ☐
   - Not True ☐

6. My self-confidence is affected
   - True ☐
   - Not True ☐

7. I constantly have to think about my medication
   - True ☐
   - Not True ☐

8. I have to limit what I do each day
   - True ☐
   - Not True ☐

9. I feel like I let other people down
   - True ☐
   - Not True ☐