

## **SONA project asthma management questionnaire**

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1. Age of the child
2. Sex of the child
3. Does the child have wheezing or rhonchi at enrolment?
4. Have you (this child) ever had a lung function test?
5. Have you (this child) ever used a peak flow meter to monitor your asthma at home?
6. Do you (this child) have a specific doctor or medical facility that regularly monitors your asthma?
7. Do you (this child) have a Personal Written Asthma Action Plan?
8. What treatment has been prescribed for the patient at enrolment?
9. Fractional Exhaled Nitric oxide measurement (FENO) at enrolment
10. Forced expiratory volume in first second (FEV<sub>1</sub>) measurement at enrolment
11. Any positive skin prick test response to any of seven allergens at enrolment
12. What level of education has your (this child's) mother received?
13. What level of education has your (this child's) father received?
14. Do you (this child) had allergic rhinitis (sneezing or a runny or blocked nose when you DID NOT have a cold or the flu) in the last 12 months?
15. What triggers seem to make your (this child's) asthma symptoms worse? Exercise; Chest infection; Air pollution/irritants; Cold air; Dust; Psychological stress; Pollen or pets
16. How many times a week do you (this child) engage in vigorous physical activity long enough to make you (the child) breathe hard (e.g. playing, hurrying to school or work, doing chores or digging, doing sports)?
17. Have you (this child) used any type of inhaler asthma medication before?
18. During the last 12 months, what asthma medicines have you (this child) used regularly?  
salbutamol inhaler; steroid inhaler; salbutamol tablets; steroids tablets; none of the above;  
Other
19. Have you (this child) used non-medical (herbal) remedies for asthma treatment?
20. In the past 12 months, how many times have you (this child) been treated for malaria?
21. Where were you (this child) born?
22. Where did you (this child) live for most of the time between birth and age five years?
23. In the past 12 months, have you (this child's) chest sounded wheezy during or after exercise?

24. Have you (this child) ever had asthma?
25. In the past 12 months, have you (this child) had a dry cough at night, apart from a cough associated with a cold or the “flu” or a chest infection?
26. How many attacks of wheezing have you (this child) had in the past 12 months?

**27. Childhood Asthma Control Test: For children 12 years and below**

- a. How is your asthma today?
- b. How much of a problem is your asthma when you run, exercise or play sports?
- c. Do you cough because of your asthma?
- d. Do you wake up during the night because of your asthma?
- e. During the last **4 weeks**, how many days did your child have any daytime **asthma symptoms**?
- f. During the last **4 weeks**, how many days did your child wheeze during the day because of asthma?
- g. During the last **4 weeks**, how many days did your child wake up during the night because of asthma?

**28. Asthma Control Test: For children 13 years and above**

- a. In the past **4 weeks**, how much of the time did your **asthma** keep you from getting as much done at work, school or at home?
- b. During the past **4 weeks**, how often have you had shortness of breath?
- c. During the past **4 weeks**, how often did your **asthma** symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?
- d. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as salbutamol)?
- e. How would you rate your **asthma** control during the **past 4 weeks**?