

Patient Asthma Knowledge Questionnaire

Completed by the patient

<i>Enter details as necessary</i>		
Name or initials: _____	Subject ID : _____	
Date / / dd mm yyyy	Visit : Visit 1 <input type="checkbox"/>	Visit 2 <input type="checkbox"/> Visit 3 <input type="checkbox"/>
		Pre <input type="checkbox"/>
		Post <input type="checkbox"/>

This questionnaire asks what you know about asthma.

Please answer each question by ticking either “True” or “False”. If you do not know an answer, please tick “Don’t know” and move to the next question.

This questionnaire should take no more than ten minutes to complete.

A) ABOUT ASTHMA	True	False	Don't know
1. People with asthma have inflamed (red and swollen) airways (breathing tubes) in their lungs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Children who have asthmatic parents are at greater risk of getting asthma than children without asthmatic parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People with allergies are more likely to have asthma than people without allergies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. People over 50 years of age cannot develop asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Most people with asthma can lead a normal life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The flu vaccine (an injection protecting against influenza) is not recommended for people who suffer from asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. People with asthma cannot do as much physical exercise as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Poorly-controlled asthma may be associated with:			
a) Worse quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A higher risk of attending a hospital emergency department for asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A higher risk of being admitted to hospital for asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Faster reduction in lung capacity over time with increasing difficulty breathing out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The severity of asthma can vary with time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) ASTHMA TRIGGERS (things that may cause asthma symptoms)			
10. People with allergies get asthma symptoms if they are exposed to things they are allergic to (e.g. cats, pollen, dust mites).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	Don't know
11. Tobacco smoking does not generally make asthma worse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The following factors can trigger asthma symptoms in asthmatic people :			
a. Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Air pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cold air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Strong emotions or stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Change in temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Strong smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Laughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Viruses (e.g. common cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sunshine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Heartburn (acid reflux)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. In some workplaces there may be substances (dust, chemicals, etc.) that may cause the development of asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Anti-inflammatory medication for arthritis or pain relief make symptoms worse for certain people with asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) TESTS FOR ASTHMA			
15. An asthma diagnosis can be confirmed (checked) by :			
a. Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical check-up (e.g. doctor listening to the lungs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Breathing test (e.g. the patient blowing hard into a machine called a spirometer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chest X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Allergy skin prick tests (e.g. allergen is gently pricked onto the skin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Asthma can cause:			
a. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Tightening of the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sputum (phlegm or mucous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	True	False	Don't know
17. People can stop taking their controller medication (e.g. Pulmicort™, QVAR™, Alvesco™, Breo™, Flixotide™, Seretide™, Symbicort™, Singulair™) if they do not have regular asthma symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. There are small devices «called peak-flow meters » that patients can use to check if the airways in their lungs are narrowed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. A person's asthma is well controlled if:			
a. They take reliever medication (e.g. Ventolin™, Bricanyl™, Airomir™, Symbicort™) 5 to 7 times per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma wakes them up at night no more than twice a month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. They can do normal daily activities, including exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They have asthma symptoms 5 to 7 times per week.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They need to take reliever medication (e.g. Ventolin™, Bricanyl™, Airomir™, Symbicort™) before exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their breathing test result (e.g. expiratory flow) is 70% of their personal best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) TREATING ASTHMA			
20. The goal of treating asthma is to keep the disease under control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Reliever inhalers (e.g. Ventolin™, Bricanyl™, Airomir™, Symbicort™) are the best medications for long-term control of asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. All people with asthma need a written action plan (a document that provides information on what to do if asthma worsens).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The following medications are controller medications and should be taken regularly every day :			
a. Short-acting bronchodilators (e.g. Ventolin™, Bricanyl™, Airomir™)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inhaled corticosteroids (e.g. Pulmicort™, QVAR™, Alvesco™, Asmanex™, Breo™, Flixotide™)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Combination inhalers (e.g. Symbicort™, Seretide™, Flutiform™)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Leukotriene receptor antagonists (e.g. Singulair™)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reference: Beaurivage D, Boulet L-P, Foster JM, Gibson PG & McDonald VM (2018) Validation of the patient-completed asthma knowledge questionnaire (PAKQ). *Journal of Asthma*. 55:2, 169-179, doi: <https://doi.org/10.1080/02770903.2017.1318914>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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