

ALIS

Quality of life questionnaire

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