Asthma Clinical Research Network — CIMA
NIH/NHLBI

QUALITY OF LIFE QUESTIONNAIRE

Subject ID: 2 ___ ___ ___ ___
Subject Initials: ___ ___ ___
Visit Number: ___
Visit Date: ___ ___ / ___ ___ / ___ ___ (month / day / year)
Interviewer ID: ___ ___ ___ ___ ___

(Subject completed)

Please tell us how much you have been limited by your asthma during the last 2 weeks in each of your 5 most important activities. Refer to the Quality of Life Activities form (QOLACT) for your list of activities. If you have not done the activity in the last 2 weeks, leave the question blank.

HOW LIMITED HAVE YOU BEEN DURING THE LAST 2 WEEKS IN THESE ACTIVITIES?

		Not at all Limited	A Little Limitation	Some Limitation	Moderate Limitation	Very Limited	Extremely Limited	Totally Limited
QOL_01	1. Activity 1	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_02	2. Activity 2	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_03	3. Activity 3	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_04	4. Activity 4	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_05	5. Activity 5	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

		None	Very Little	Some	Moderate Amount	A Good Deal	A Great Deal	A Very Great Deal
QOL_06	6. How much discomfort or distress have you felt over the last 2 weeks as a result of CHEST TIGHTNESS?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

IN GENERAL, HOW MUCH OF THE TIME DURING THE LAST 2 WEEKS DID Y0U:

			None of the Time	Hardly Any of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
QOL_07	7.	Feel CONCERNED ABOUT HAVING ASTHMA?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_08	8.	Feel SHORT OF BREATH as a result of your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_09	9.	Experience asthma symptoms as a RESULT OF BEING EXPOSED TO CIGARETTE SMOKE?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_10	10.	Experience a WHEEZE in your chest?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_11	11.	Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF CIGARETTE SMOKE?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

			None	Very Little	Some	Moderate Amount	A Good Deal	A Great Deal	A Very Great Deal
QOL_12	12.	How much discomfort or distress have you felt over the last 2 weeks as a result of COUGHING?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

IN GENERAL, HOW MUCH OF THE TIME DURING THE LAST 2 WEEKS DID YOU:

		None of the Time	Hardly Any of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
QOL_13	13. Feel FRUSTRATED as a result of your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_14	14. Experience a feeling of CHEST HEAVINESS?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_15	15. Feel CONCERNED ABOUT THE NEED TO USE MEDICATION for your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_16	16. Feel the need to CLEAR YOUR THROAT?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_17	17. Experience asthma symptoms as a RESULT OF BEING EXPOSED TO DUST?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_18	18. Experience DIFFICULTY BREATHING OUT as a result of your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_19	19. Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF DUST?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_20	20. WAKE UP IN THE MORNING WITH ASTHMA SYMPTOMS?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_21	21. Feel AFRAID OF NOT HAVING YOUR ASTHMA MEDICATION AVAILABLE?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_22	22. Feel bothered by HEAVY BREATHING?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_23	23. Experience asthma symptoms as a RESULT OF THE WEATHER OR AIR POLLUTION?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_24	24. Were you WOKEN AT NIGHT by your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_25	25. AVOID OR LIMIT GOING OUTSIDE BECAUSE OF THE WEATHER OR AIR POLLUTION?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

IN GENERAL, HOW MUCH OF THE TIME DURING THE LAST 2 WEEKS DID YOU:

		None of the Time	Hardly Any of the Time	A Little of the Time	Some of the Time	A Good Bit of the Time	Most of the Time	All of the Time
QOL_26	26. Experience asthma symptoms as a RESULT OF BEING EXPOSED TO STRONG SMELLS OR PERFUME?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_27	27. Feel AFRAID OF GETTING OUT OF BREATH?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_28	28. Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF STRONG SMELLS OR PERFUME?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_29	29. Has your asthma INTERFERED WITH GETTING A GOOD NIGHT'S SLEEP?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7
QOL_30	30. Have a feeling of FIGHTING FOR AIR?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

		No Limitation		Very Few Not Done		Several Not Done		Most Not Done
QOL_31	31. Think of the OVERALL RANGE OF ACTIVITIES that you would have liked to have done during the last 2 weeks. How much has your range of activities been limited by your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7

		Not at all Limited	A Little Limitation	Some Limitation	Moderate Limitation	Very Limited	Extremely Limited	Totally Limited
QOL_32	32. Overall, among ALL THE ACTIVITIES that you have done during the last 2 weeks, how limited have you been by your asthma?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6	❑ 7