



Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Asthma Quality of Life Questionnaire with Standardized Activities AQLQ (S)

Please complete all questions by circling the number that best describes how you have been during the last 2 weeks as a result of your asthma

### HOW LIMITED HAVE YOU BEEN DURING THE LAST 2 WEEKS IN THESE ACTIVITIES AS A RESULT OF YOUR ASTHMA?

	Totally Limited	Extremely Limited	Very Limited	Moderately Limited	Some Limitation	A little Limitation	Not at all Limited
1. STRENUOUS ACTIVITIES (such as hurrying, exercising, running upstairs, sports)	1	2	3	4	5	6	7
2. MODERATE ACTIVITIES (such as walking, housework, gardening, shopping, climbing stairs)	1	2	3	4	5	6	7
3. SOCIAL ACTIVITIES (such as talking, playing with pets/children, visiting friends relatives)	1	2	3	4	5	6	7
4. WORK RELATED ACTIVITIES (tasks you have to do at work) <small>*if you are not employed or self-employed, these should be tasks you have to do most days.</small>	1	2	3	4	5	6	7
5. SLEEPING	1	2	3	4	5	6	7

### HOW MUCH DISCOMFORT OR DISTRESS HAVE YOU FELT DURING THE LAST 2 WEEKS?

	A very great deal	A great deal	Very Limited	Moderate limitation	Some limitation	A little limitation	No limitation
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 YOU:**

	All the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
7. Feel CONCERNED ABOUT HAVING ASTHMA?	1	2	3	4	5	6	7
8. Feel SHORT OF BREATHE as a result of your asthma?	1	2	3	4	5	6	7
9. Experience asthma symptoms as a RESULT OF BEING EXPOSED TO CIGARETTE SMOKE?	1	2	3	4	5	6	7
10. Experience WHEEZE in your chest?	1	2	3	4	5	6	7
11. Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF CIGARETTE SMOKE?	1	2	3	4	5	6	7

**HOW MUCH DISCOMFORT OR DISTRESS HAVE YOU FELT DURING THE LAST 2 WEEKS?**

	A very great deal	A great deal	Very Limited	Moderate amount	Some	Very little	None
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:**

	All the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
13. Feel FRUSTRATED as a result of your asthma?	1	2	3	4	5	6	7
14. Experience a feeling of CHEST HEAVINESS?	1	2	3	4	5	6	7

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

	All the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
15. Feel CONCERNED ABOUT THE NEED TO USE MEDICATION for your asthma?	1	2	3	4	5	6	7
16. Feel the need to CLEAR YOUR THROAT?	1	2	3	4	5	6	7
17. Experience asthma symptoms as a RESULT OF BEING EXPOSED TO DUST?	1	2	3	4	5	6	7
18. Experience DIFFICULTY BREATHING OUT as a result of your asthma?	1	2	3	4	5	6	7
19. Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF DUST?	1	2	3	4	5	6	7
20. WAKE UP IN THE MORNING WITH ASTHMA SYMPTOMS?	1	2	3	4	5	6	7
21. Feel AFRAID OF NOT HAVING YOUR ASTHMA MEDICAITON AVAILABLE?	1	2	3	4	5	6	7
22. Feel bothered by HEAVY BREATHING?	1	2	3	4	5	6	7
23. Experience asthma symptoms as a RESULT OF THE WEATHER OR AIR POLLUTION OUTSIDE?	1	2	3	4	5	6	7
24. Were you WOKEN AT NIGHT by your asthma?	1	2	3	4	5	6	7
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:**

	All the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Hardly any of the time	None of the time
26. Experience asthma symptoms as a RESULT OF BEING EXPOSED TO STRONG SMELLS OR PERFUME?	1	2	3	4	5	6	7
27. Feel AFRAID OF GETTING OUT OF BREATH?	1	2	3	4	5	6	7
28. Feel you had to AVOID A SITUATION OR ENVIRONMENT BECAUSE OF STRONG SMELLS OR PERFUME?	1	2	3	4	5	6	7
29. Has your asthma INTERFERED WITH GETTING A GOOD NIGHT'S SLEEP?	1	2	3	4	5	6	7
30. Have a feeling of FIGHTING FOR AIR?	1	2	3	4	5	6	7

**HOW LIMITED HAVE YOU BEEN DURING THE LAST 2 WEEKS:**

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

**HOW LIMITED HAVE YOU BEEN DURING THE LAST 2 WEEKS?**

	Totally Limited	Extremely Limited	Very Limited	Moderate Limitation	Some Limitation	A Little Limitation	Not at All Limited
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