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FOUNDATION FOR ACCOUNTABILITY

Asthma Care Survey

FACCT

December 1998

FACCT—The Foundation for Accountability
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Asthma Care Survey

Mailing Instructions

Before you begin, please answer the question below about having asthma to be sure the rest of the questionnaire applies to you.

Have you ever been told that you have asthma by a doctor or nurse?

❐ **Yes ➔ (Please proceed to question 1)**

❐ No ➔ (Please STOP and return this survey)

Thank you for your help with this survey on asthma care!

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Before asking you specifically about your asthma, we would like to ask you questions about your general health.

1. *In general*, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
❒	❒	❒	❒	❒

2. Compared to one year ago, how would you rate your health in general *now*?

- ❒ Much better than one year ago
- ❒ Somewhat better than one year ago
- ❒ About the same as one year ago
- ❒ Somewhat worse than one year ago
- ❒ Much worse now than one year ago

3. The following items are about activities you might do during a typical day. Does your health *now* limit you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	❒	❒	❒
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling,or playing golf	❒	❒	❒
c) Lifting or carrying groceries	❒	❒	❒
d) Climbing several flights of stairs	❒	❒	❒
e) Climbing one flight of stairs	❒	❒	❒
f) Bending, kneeling, or stooping	❒	❒	❒
g) Walking more than a mile	❒	❒	❒
h) Walking several blocks	❒	❒	❒
i) Walking one block	❒	❒	❒
j) Bathing or dressing yourself	❒	❒	❒

4. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities *as a result of your physical health*?

Mark yes or no for each

	Yes	No
a) Cut down the amount of time you spent on work or other activities	❒	❒
b) Accomplished less than you would like	❒	❒
c) Were limited in the kind of work or other activities	❒	❒
d) Had difficulty performing the work or other activities (for example, it took more effort)	❒	❒

5. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities *as a result of any emotional problems* (such as feeling depressed or anxious)?

Mark yes or no for each

	Yes	No
a) Cut down the amount of time you spent on work or other activities	❒	❒
b) Accomplished less than you would like	❒	❒
c) Didn’t do work or other activities as carefully as usual	❒	❒

6. During the *past 4 weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups.

Not at all	A little bit	Moderately	Quite a bit	Extremely
❒	❒	❒	❒	❒

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7. How much *bodily* pain have you had during the *past 4 weeks*?

None	Very mild	Mild	Moderate	Severe	Very severe
❐	❐	❐	❐	❐	❐

8. During the *past 4 weeks*, how much did *pain* interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
❐	❐	❐	❐	❐

9. These questions are about how you feel and how things have been with you during the *past 4 weeks*. For each question, please give the one answer that comes closest to the way you have been feeling.

	All of the time	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
a) Did you feel full of pep	❐	❐	❐	❐	❐	❐
b) Have you been a very nervous person	❐	❐	❐	❐	❐	❐
c) Have you felt so down in the dumps that nothing could cheer you up	❐	❐	❐	❐	❐	❐
d) Have you felt calm and peaceful	❐	❐	❐	❐	❐	❐
e) Did you have a lot of energy	❐	❐	❐	❐	❐	❐
f) Have you felt downhearted and blue	❐	❐	❐	❐	❐	❐
g) Did you feel worn out	❐	❐	❐	❐	❐	❐
h) Have you been a happy person	❐	❐	❐	❐	❐	❐
i) Did you feel tired	❐	❐	❐	❐	❐	❐

10. During the *past 4 weeks*, how much of the time has your *physical health or emotional problems* interfered with your social activities (like visiting with friends, relatives, etc.)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
❐	❐	❐	❐	❐

11. How TRUE or FALSE is *each* of the following statements for you?

	Definitely true	**Mostly true**	**Don't know**	**Mostly false**	**Definitely false**
a) I seem to get sick a little easier than other people	❐	❐	❐	❐	❐
b) I am as healthy as anybody I know	❐	❐	❐	❐	❐
c) I expect my health to get worse	❐	❐	❐	❐	❐
d) My health is excellent	❐	❐	❐	❐	❐

12. Now thinking about your physical health, which includes physical illness and injury, for how many

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days during the *past 30 days* was your physical health not good?

(*Enter number of days here*) ___________

13. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the *past 30 days* was your mental health not good?

(*Enter number of days here*) ___________

14. During the *past 30 days*, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(*Enter number of days here*) ___________

These next questions ask about experiences you may have had with your asthma. . .

15. In general, would you say that your asthma is . . .

Very mild	Mild	Moderate	Severe	Very severe
❒	❒	❒	❒	❒

16. Since you were 18 years old, have you had an asthma attack that was so serious that your life was in danger?

- ❒ I thought so at the time, but it turned out to not be that serious
- ❒ Yes, I was told by a doctor or nurse that I could have died if I had not received prompt medical treatment
- ❒ No
- ❒ Don't know

17. Since you were 18 years old, have you had to have a tube put down your throat to help you breathe during an asthma attack?

Yes	No	Don't know
❒	❒	❒

18. How easy is it for you to avoid having severe asthma attacks (flare-ups worse than your usual asthma symptoms)?

Very easy	Easy	Moderately easy	Difficult	Very difficult
❒	❒	❒	❒	❒

19a. Do you use *inhaled* steroids (*such as Azmacort, Flovent, Vanceril, Beclovent, Aerobid, Decadron or others*) for your asthma?

- ❒ Yes, ➔ please answer question 19b below
- ❒ No, ➔ please skip to question 20
- ❒ Don't know, ➔ please skip to question 20

19b. If you answered "yes" to question 19a above, which of the following *best describes* how you use your inhaled steroid medication?

- ❒ I use inhaled steroids *every day*, whether or not I have asthma symptoms
- ❒ Even though my doctor wants me to use inhaled steroids every day, I use them *less often*
- ❒ I use inhaled steroids several times a week
- ❒ I use inhaled steroids only when I have asthma symptoms

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20. Over the *last 4 weeks*, how often have you been bothered by the following symptoms:

	Never	Once a week or less	Two to three times a week	Four to five times a week	Daily
a) Chest tightness (difficulty taking a deep breath)	❐	❐	❐	❐	❐
b) Wheezy or whistling sound in the chest	❐	❐	❐	❐	❐
c) Shortness of breath	❐	❐	❐	❐	❐

21. In the *last 4 weeks*, on average, how often did. . .

	Not at all	Less than once a week	Once or twice a week	Three or more times a week
a) Your asthma awaken you at night	❐	❐	❐	❐
b) You have asthma attacks? ("Asthma attack" means increased difficulty breathing that may be accompanied by increased coughing, wheezing, chest tightness or other symptoms.)	❐	❐	❐	❐

22. In between the times you have asthma attacks, how is your breathing?

Mark one only

❐ No problems

❐ Some symptoms on some days

❐ Some symptoms on most days, requiring inhaler for relief

❐ Symptoms most of the time

23. Which of the following are true for you:

Mark yes or no for each

	Yes	No
a) I am able to manage changes in my asthma myself most of the time	❐	❐
b) I follow the care plan given to me by my current doctor or nurse	❐	❐
c) I recognize things that make my asthma worse	❐	❐
d) I know what to do during an asthma attack	❐	❐
e) I take asthma medicines when they are appropriate	❐	❐
f) I know the early warning signs of an asthma attack	❐	❐
g) I use a peak flow meter to monitor my asthma	❐	❐
h) I usually use a spacer when I use an inhaler for my asthma	❐	❐

The next several questions ask about peak flow meters. A peak flow meter is a hand-held device that measures how much air you can blow out of your lungs.

24. Which of these statements applies to you?

❐ I do not have a home peak flow meter ➔ (*Please skip to question 26a)*

❐ I have a home peak flow meter and use it regularly ➔ (*Please go to question 25 below)*

❐ I have a home peak flow meter but ALMOST never use➔ it (*Please go to question 25 below)*

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25. Which of the following are true for you?

Mark yes or no for each

	Yes	No
a) I have been taught to use a peak flow meter by my doctor or nurse	❒	❒
b) I know my personal best reading on my home peak flow meter	❒	❒
c) I keep a peak flow meter diary	❒	❒
d) I alter my medications based on my peak flow meter reading	❒	❒
e) I notify my doctor if my peak flow meter reading drops below a certain point	❒	❒

26a. Have you ever smoked at least 100 cigarettes in your entire life?

❒ Yes ➔ Continue to Q26b
❒ No ➔ Skip to Q28
❒ Don't know ➔ Skip to Q28

26b. Do you now smoke every day, some days or not at all?

❒ Every day ➔ Skip to Q27
❒ Some days ➔ Skip to Q27
❒ Not at all ➔ Continue to Q26c
❒ Don't know ➔ Skip to Q28

26c. How long has it been since you quit smoking cigarettes?

❒ Less than 12 months ➔ Continue to Q27
❒ 12 months or more ➔ Skip to Q28
❒ Don't know ➔ Skip to Q28

27. In the *last 12 months*, on how many visits were you advised to quit smoking by a doctor or health provider in your plan?

None	1 visit	2-4 visits	5-9 visits	10 or more visits
❒	❒	❒	❒	❒

These next questions are about the care you get from doctors and health providers for your asthma.

NOTE: A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else you would see for health care.

28. During an office visit, has your doctor, nurse or other health provider watched you use your inhaler to check that you use it correctly?

❒ I do not use an inhaler for my asthma
❒ Yes
❒ No

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Check one box for Q29 through Q31c

		Yes, and I understand completely	Yes, and I understand pretty well	Yes, but I am still confused	No, never
29.	Have you been given <u>written directions</u> by a doctor or other health provider about what to do to care for your asthma	❒	❒	❒	❒
30.	Have you been shown the correct way to use your inhaler by a doctor or other health provider	❒	❒	❒	❒
31.	Has a doctor or other health provider shown or explained to you:				
	a) What to do when you have a severe asthma attack	❒	❒	❒	❒
	b) How to adjust your medication when your asthma gets worse	❒	❒	❒	❒
	c) What things can make your asthma worse and how to avoid them	❒	❒	❒	❒

32. On average, over the *last 4 weeks*, how much of a problem or hassle has each of the following been:

	A major hassle	A hassle	So-so	A minor hassle	No problem	I don't do this
a) Remembering to take your asthma medications	❒	❒	❒	❒	❒	❒
b) Following your asthma care plan	❒	❒	❒	❒	❒	❒
c) Using a peak flow meter to monitor your asthma	❒	❒	❒	❒	❒	❒
d) Using your inhaler	❒	❒	❒	❒	❒	❒
e) Avoiding things that can make your asthma flare up (perfumes, pets, animals, cigarette smoke etc.)	❒	❒	❒	❒	❒	❒
f) Organizing your daily routine around the things you do to take care of your asthma	❒	❒	❒	❒	❒	❒

33. Over the *last 12 months*, how *often* have you been able to do each of the following *exactly* as the doctor who takes care of your asthma suggested?

	Never	Sometimes	Usually	Always	Does not apply to me
a) Taking medications (oral or inhaled) as prescribed	❒	❒	❒	❒	❒
b) Avoiding environmental triggers (perfume, pets, animals, cigarette smoke)	❒	❒	❒	❒	❒
c) Using a peak flow meter to monitor your asthma	❒	❒	❒	❒	❒
d) Following the steps for using an inhaler correctly	❒	❒	❒	❒	❒

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34. *Overall*, how helpful has the education and support you get from your *current* doctors or health providers been to you in the following areas:

	Very helpful	Helpful	Neutral	Not too helpful	Not helpful at all
a) Making clear the specific goals *for* treating *your asthma*	❒	❒	❒	❒	❒
b) Helping you understand what you need to do *for your asthma*	❒	❒	❒	❒	❒
c) Helping you to understand how to care *for your asthma*	❒	❒	❒	❒	❒
d) Keeping you motivated to do the things you need to do *for your asthma*	❒	❒	❒	❒	❒

35. How often do the doctors or other health providers *who take care of your asthma. . .*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Offer you choices in your medical care	❒	❒	❒	❒	❒
b) Discuss the pros and cons of each choice with you	❒	❒	❒	❒	❒
c) Get you to state which choice or option you would prefer	❒	❒	❒	❒	❒
d) Take your preferences into account when making treatment decisions	❒	❒	❒	❒	❒

36. How are the doctors or other health providers *who take care of your asthma* at. . .

	Excellent	Very Good	Good	Fair	Poor
a) Showing interest in you as a person	❒	❒	❒	❒	❒
b) Telling you everything; not keeping things from you that you should know	❒	❒	❒	❒	❒
c) Letting you know test results when promised	❒	❒	❒	❒	❒
d) Explaining treatment alternatives; including you in treatment decisions	❒	❒	❒	❒	❒
e) Explaining side effects of medications	❒	❒	❒	❒	❒
f) Letting you tell your story (listening carefully, not interrupting)	❒	❒	❒	❒	❒
g) Telling you what to expect from your disease or treatment	❒	❒	❒	❒	❒

37. In the *last 12 months*, how often did you get an appointment for regular or routine care for your asthma as soon as you wanted?

Never	Sometimes	Usually	Always	I didn't need an appointment for regular or routine care for my asthma in the *last 12 months*
❒	❒	❒	❒	❒

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38. In the _last 12 months_, how often did you wait in the doctor's office or clinic *more than 15 minutes* past your appointment time to see the person you went to see for your asthma?

Never	Sometimes	Usually	Always	I had no visits in the _last 12 months_ for my asthma
❐	❐	❐	❐	❐

39. In the _last 12 months_, when you called during regular office hours, how often did you get the help or advice you needed for your asthma?

Never	Sometimes	Usually	Always	I didn't call for help or advice for my asthma during regular office hours in the _last 12 months_
❐	❐	❐	❐	❐

40. In the _last 12 months_, when you needed care right away for your asthma how often did you get care as soon as you wanted?

Never	Sometimes	Usually	Always	I didn't need care right away for my asthma in the _last 12 months_
❐	❐	❐	❐	❐

41. In the _last 12 months,_ how much of a problem, if any, was it to get a _referral_ to a *specialist that you needed to see for your asthma*?

A big problem	A small problem	Not a problem	I didn't need a _referral_ to see a specialist for my asthma in the _last 12 months_
❐	❐	❐	❐

42. In the _last 12 months,_ did you see a specialist *for your asthma?*

Yes	No
❐	❐

43. We want to know your rating of the doctor or other health provider you saw most often _for your asthma_ in the _last 12 months_. Use any number from 0 to 10 where 0 is the worst doctor or health provider possible, and 10 is the best doctor or health provider possible.

How would you rate the doctor or other health provider?

0	1	2	3	4	5	6	7	8	9	10
Worst doctor/ provider possible										Best doctor/ provider possible

❐ I didn't see a doctor or other health provider for my asthma in the last 12 months.

These next two questions ask about your health care and health plan in general.

44. We want to know your rating of _all your health care_ in the _last 12 months_ from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible.

How would you rate all your health care?

0	1	2	3	4	5	6	7	8	9	10
Worst health care possible										Best health care possible

❐ I had no visits in the last 12 months

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45. We want to know your rating of all your experiences with *your health plan.* Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible.

How would you rate your health plan now?

0	1	2	3	4	5	6	7	8	9	10
Worst health plan possible										Best health plan possible

The following questions ask general information about you. They are intended to help us understand how well health plans and doctors provide care to people like you.

46. Are you:

❒ Female

❒ Male

47. What year were you born? 19____________

48. Which of the following best describes your racial background?

❒ American Indian or Alaska Native

❒ Asian

❒ Black or African American

❒ Native Hawaiian or other Pacific Islander

❒ White

49. Which of the following best describes your ethnic background?

❒ Spanish, Hispanic or Latino

❒ Not Hispanic or Latino

50. Which of the following best describes your current marital status?

❒ Married

❒ Member of an unmarried couple

❒ Widowed

❒ Separated

❒ Divorced

❒ Never married

51. What is the highest grade or year of school you completed?

❒ Never Attended

❒ Grades 1-8

❒ Grades 9-11

❒ High School Graduate or GED

❒ College 1-3 years

❒ College Graduate (4 or more years)

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52. Are you currently:

- ❒ Employed for wages
- ❒ Self-employed
- ❒ Homemaker
- ❒ Student
- ❒ Don't know
- ❒ Out of work for more than one year
- ❒ Out of work for less than one year
- ❒ Retired
- ❒ Unable to work

53. What was your family's total household income last year, before taxes and other deductions?

- ❒ Less than $10,000
- ❒ $10,000 to $19,999
- ❒ $20,000 to $34,999
- ❒ $35,000 to $49,999
- ❒ $50,000 or more
- ❒ Don't know/not sure
- ❒ Decline

54. Has a doctor *ever* told you that you had . . .

Mark yes or no for each

	Yes	No
a) Diabetes (sugar in the blood)	❒	❒
b) High blood pressure (hypertension)	❒	❒
c) High cholesterol (too much fat in the blood)	❒	❒
d) Chronic back pain	❒	❒
e) Sciatica (pain or numbness that travels down your leg to below the knee)	❒	❒
f) Arthritis (rheumatism)	❒	❒
g) Kidney disease	❒	❒
h) Chronic lung disease (emphysema, chronic bronchitis, COPD)	❒	❒
i) Heart failure	❒	❒
j) Heart attack	❒	❒
k) Angina (chest pain or chest tightness)	❒	❒
l) Stroke	❒	❒
m) Chrohns disease (ulcerative colitis or inflammatory bowel disease)	❒	❒
n) Cancer (other than skin cancer)	❒	❒

YOU'RE DONE!!
Thank you for completing the survey.
You have helped to make a difference

Please return the completed survey in the envelope provided.

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