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## APPENDIX (SURVEY QUESTIONNAIRE)

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### **Parental/Guardian Sociodemographic Information**

#### **Why are we asking for this information?**

The study your child is participating in will improve our understanding regarding the effectiveness of the electronic Asthma Tracker. The information obtained in this survey will also help us better understand the impact of other factors that are known to affect asthma symptom severity and participation in self-management. The information we collect will be coded so that it will NOT be associated with your name or anything else that might identify who gave the answers. If you do not feel comfortable answering a question, simply leave it blank. Thank you again for your participation.

Please check the box that appropriately describes you:

#### **Respondent Information**

What is your sex?

- Male
- Female

What is your relationship to the child enrolled in our study? \_\_\_\_\_

**Race/ethnicity**

What is your race?

- White
- Black or African-American
- Hawaiian or Other Pacific Islander
- Asian or Asian American
- Multiple Races

What is your ethnicity?

- Hispanic
- Non-Hispanic

**Marital status**

Are you:

- Married
- Divorced
- Widowed
- Separated
- Never been married
- A member of an unmarried couple

**Education completed**

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

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college of technical school)
- College 4 years (College graduate)
- Master’s Degree
- Doctoral Degree
- Professional Degree (MD, JD, etc.)

What is the highest grade or year of school your spouse/partner has completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)

- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (Some college of technical school)
- College 4 years (College graduate)
- Master’s Degree
- Doctoral Degree
- Professional Degree (MD, JD, etc.)
- Not applicable

**Household Income**

- Under \$25,000
- \$25,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$124,999
- \$125,000 - \$149,999
- Over \$150,000

**Occupation (give examples)**

- Management, business and financial operation
- Professional and related occupations
- Service occupations
- Sales and related occupations
- Office and administrative support
- Farming, fishing and forestry
- Construction, extraction and maintenance
- Production, transportation material moving
- Military specific occupations
- Not employed outside the home
- Other occupation

**Family**

How many children live in your household who are...

- Less than 5 years old? \_\_\_\_\_
- 5 through 12 years old? \_\_\_\_\_
- 13 through 17 years old? \_\_\_\_\_

How many children who live in your household have been diagnosed with asthma? \_\_\_\_\_

What is the structure of your household?

- Child lives with both biological parents
- Single-parent home
- Combined (one biological parent, one step-parent)
- Adoptive Family
- Foster Family
- Other Describe: \_\_\_\_\_

**Language**

What is the primary language spoken in the home?

- English
- Spanish
- Other Describe: \_\_\_\_\_

**Barriers to receiving health care**

Please mark which if any of the following barriers relate to the way you access health care (check all that apply):

- Access to a vehicle
- Distance to travel
- Lack of free time
- Cost
- Health Insurance
- No Barriers
- Other
- Describe: \_\_\_\_\_

**CHILD'S QUALITY OF LIFE QUESTIONNAIRE (To be collected from the ADOLESCENT at enrollment, 3, 6 and 12 months)**

(Adapted from the Integrated Therapeutics Group Child Asthma Short Form – ITG-CASF)

How often in the past 2 weeks...

1. Have you been short of breath? Would you say...  
none of the time...a little of the time...some of the time...most of the time...or all of the time?
2. Has strong physical activity, such as running, made it hard for you to breathe?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
3. Have you coughed at night?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
4. Have you woken up by wheezing or coughing?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
5. Have you stayed indoors because of wheezing or coughing?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
6. Has your education suffered due to your asthma during school?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
7. Has your asthma interfered with your life?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
8. Has your asthma limited **your** activities?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
9. Have your parents had to make adjustments to family life because of your asthma?  
none of the time...a little of the time...some of the time...most of the time...or all of the time
10. Has taking your inhaler or other treatments interfered with your life?  
none of the time...a little of the time...some of the time...most of the time...or all of the time

**Additional Questions:**

In the past 3 months, have you ever missed days of school because of asthma?

- Yes    If yes, how many days? \_\_\_\_\_
- No

In the past 3 months, how many times have your parent (s) missed work due to your asthma? \_\_\_\_\_

- Yes    If yes, how many days? \_\_\_\_\_  
 No

**BEHAVIORAL FACTORS (to be completed by the ADOLESCENT at enrollment)**

**Scale:** Strongly Disagree (1) Disagree (2)    Neither (3)    Agree (4)    Strongly Agree (5)

I have a good understanding of what my asthma symptoms are. (Knowledge /Understanding)

Answer: 1    2    3    4    5

I have a good understanding of what the triggers are for my asthma symptoms. (Knowledge /Understanding)

Answer: 1    2    3    4    5

I am good at recognizing when my asthma symptoms are under control or not under control. (Self-Efficacy)

Answer: 1    2    3    4    5

It bothers me when my asthma symptoms are not under control. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

I am confident in my ability to keep my asthma symptoms under control. (Self-Efficacy)

Answer: 1    2    3    4    5

I am confident in my ability to recognize and adjust for triggers to my asthma symptoms. (Self-Efficacy)

Answer: 1    2    3    4    5

My parents help and support me in managing my asthma symptoms. (Family Support)

Answer: 1    2    3    4    5

My friends help and support me in managing my asthma symptoms. (Peer Support)

Answer: 1    2    3    4    5

I think it is important to manage my asthma symptoms as best as I can. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

The time and effort it takes me to manage my asthma symptoms does not bother me too much. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

I think it is helpful for me to check my lung functioning every day. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

It is important for me to track my asthma symptoms over time. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

I like to learn about new and better ways to control my asthma symptoms. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

It is important for me to regularly visit with a doctor or other medical professionals about my asthma symptoms. (Attitudes/Beliefs)

Answer: 1    2    3    4    5

I am able to choose for myself how I want to manage my asthma symptoms.

(Autonomy/Control)

Answer: 1    2    3    4    5

My parents trust me to make good choices in how I manage my asthma symptoms.

(Autonomy/Control)

Answer: 1    2    3    4    5

My doctor trusts me to make good choices in how I manage my asthma symptoms.

(Autonomy/Control)

Answer: 1    2    3    4    5

**TECHNOLOGY FACTORS (to be completed by the ADOLESCENT at enrollment, after using the Asthma Tracker for the first time and during the last survey at 12 months)**

**Scale:** Strongly Disagree (1) Disagree (2)    Neither (3)    Agree (4)    Strongly Agree (5)

Using the Asthma Tracker improves my ability to make good decisions about taking care of my asthma symptoms. (Usefulness)

Answer: 1    2    3    4    5

I am satisfied with the information I receive from the Asthma Tracker. (Information Satisfaction)

Answer: 1    2    3    4    5

The Asthma Tracker is easy to use. (Ease of Use)

Answer: 1    2    3    4    5

The Asthma Tracker provides me with all the information I need to monitor my asthma symptoms well. (Completeness)

Answer: 1    2    3    4    5

The information provided by the Asthma Tracker is clearly presented. (Format)

Answer: 1    2    3    4    5

The information provided by the Asthma Tracker is accurate. (Accuracy)

Answer: 1    2    3    4    5

The information from the Asthma Tracker is always up to date. (Currency)

Answer: 1    2    3    4    5

In general, the Asthma Tracker provides me with high-quality information. (Information Quality)

Answer: 1    2    3    4    5

The Asthma Tracker works reliably. (Reliability)

Answer: 1    2    3    4    5

The Asthma Tracker makes information to manage my asthma symptoms easy to find or access. (Accessibility)

Answer: 1    2    3    4    5

The Asthma Tracker provides information in a timely fashion. (Timeliness)

Answer: 1    2    3    4    5

### **OPEN ENDED QUESTIONS**

1. What do you feel were the most important things that helped make it easy for you to use the electronic Asthma Tracker?
2. What do you feel were the most important things that got in the way of you effectively using the electronic Asthma Tracker?

### **Parent Satisfaction with Asthma Care**

(Adapted from a previously validated measure <sup>1-2</sup>)

*1-5 Scale: 1= Very Dissatisfied, 5=Very Satisfied*

1. The overall care your child has been receiving.
2. The relief from asthma symptoms your child has been receiving.
3. The quality of information that you have received about your child's asthma disease.
4. The quality of the information that you have received about your child's asthma treatment and the course of your child's asthma disease.
5. How often you are updated about your child's asthma disease and his/her health.
6. How well the providers and staff have been sensitive to your needs.
7. The willingness of the providers and staff to answer questions that you and your family may have.
8. The efforts to include your family in discussion of your child's care and other information about your child's asthma disease.
9. How well the providers and staff explained your child's asthma disease and treatment to you in a way you could understand.
10. How well the providers and staff have explained your child's asthma disease and treatment to your child in a way that she/he could understand.
11. How well the providers and staff listen to you and your concerns.
12. How well the providers and staff respond to your child's needs.