**Supplementary material 1**. The Brief Illness Perception Questionnaire (BIPQ), which was used in this study. Reference: Broadbent E, Petrie KJ, Main J, Weinman J. The brief illness perception questionnaire. J Psychosom Res. 2006;60:631-7. Written permission obtained from E. Broadbent.

**The Brief Illness Perception Questionnaire (BIPQ)**

For the following questions, please circle the number that best corresponds to your views:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. How much does your asthma affect your life?** | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No affect at all Severely affects my life | | | | | | | | | | | |
| **2. How long do you think your asthma will continue?** | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| A very short time Forever | | | | | | | | | | | |
| **3. How much control do you feel you have over your asthma?** | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Absolutely no control Extreme amount of control | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **4. How much do you think your preventer inhaler can help your asthma?** | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all Extremely helpful | | | | | | | | | | | |
| **5. How much do you experience symptoms from your asthma?** | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| No symptoms at all Many severe symptoms | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **6. How concerned are you about your asthma?** | | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all concerned Extremely concerned | | | | | | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7. How well do you feel you understand your asthma?** | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Don’t understand at all Understand very clearly | | | | | | | | | | |
| **8. How much does your asthma affect you emotionally? (e.g. does it make you angry, scared, upset or depressed?)** | | | | | | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not at all affected emotionally Extremely affected emotionally | | | | | | | | | | |