



SABA RISK QUESTIONNAIRE (SRQ)

A questionnaire about risks associated with blue RELIEVER INHALERS

This questionnaire is designed to help you and your healthcare professional to understand what you think about your traditional blue RELIEVER INHALER and whether you might be at risk of relying on it too much.

PART 1 Your views about your blue RELIEVER INHALER

1. Please circle the score that best represents your current view
2. Please write the number for each statement in the score box next to it
3. Please add up the numbers to get your total score
4. Share your score with your doctor/nurse or pharmacist

There are no right or wrong answers. We are interested in your views

1 Using my blue RELIEVER INHALER to treat symptoms is the best way to keep on top of my asthma.

Strongly disagree	1	Disagree	2	Uncertain	3	Agree	4	Strongly agree	5
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PART 1 SCORE

2 I don't worry about asthma when I have my blue RELIEVER INHALER around.

Strongly disagree	1	Disagree	2	Uncertain	3	Agree	4	Strongly agree	5
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3 My blue RELIEVER INHALER is the only asthma treatment I can really rely on.

Strongly disagree	1	Disagree	2	Uncertain	3	Agree	4	Strongly agree	5
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4 The benefits of using my blue RELIEVER INHALER easily outweigh any risks.

Strongly disagree	1	Disagree	2	Uncertain	3	Agree	4	Strongly agree	5
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5 I prefer to rely on my blue RELIEVER INHALER than my STEROID PREVENTER INHALER.

Strongly disagree	1	Disagree	2	Uncertain	3	Agree	4	Strongly agree	5
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PART 1 TOTAL

PART 1: See reverse to interpret your scores

PART 2 Using your blue RELIEVER INHALER

1. Know your score
2. Share your score with your doctor/nurse or pharmacist

6 During the past 4 weeks how often have you used your blue RELIEVER INHALER.

Not at all	1	Once a week or less	2	2-3 times a week	3	1-2 times a week	4	3 or more times a day	5
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PART 2 SCORE

PART 2: If you score 3 or more you may be using too much of your blue RELIEVER INHALER.^{1,2} The higher the score the greater the risk of experiencing preventable asthma symptoms and attacks. Talk to your doctor as there may be better ways of managing your asthma.



How can this questionnaire help me?

Many people tend to rely too much on their blue RELIEVER INHALER.²⁻⁷ It's easy to see why, as it usually makes you feel better, often as soon as you take it. People often see it as the most important part of their treatment. This over-reliance may be a problem as the blue RELIEVER INHALER can have both 'good' and 'not-so-good' effects.

The **'good' effects** are that it can feel as if the asthma symptoms are improving quickly.

The **'not-so-good' effects** are that by relying on the blue RELIEVER INHALER too much, some people don't use their PREVENTER INHALER as prescribed. This means they might be dealing with the symptoms but not helping to manage the root cause of their asthma attacks.

What does my score mean?

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|---------------------|---|
| 18 - 25 | High risk of over-reliance on your blue RELIEVER INHALER.
You seem to be using your blue RELIEVER INHALER a lot. This could be putting you at risk of preventable asthma symptoms and attacks. Talk to your doctor/nurse about how to get the best from your asthma treatments. |
| 11 - 17 | Medium risk of over-reliance on your blue RELIEVER INHALER.
Your blue RELIEVER INHALER is important to you, but you could be relying on it a bit too much and not getting the best from your asthma treatments. Talk to your doctor/nurse to check that you are getting the best from your asthma treatments. |
| Less than 10 | Low risk of over-reliance on your blue RELIEVER INHALER.
This is reassuring. |

What should I do now?

Talking to your doctor/nurse about your score may help you to get the best from your asthma treatments and to better manage your asthma in the long-term.

NOTE: Guidelines apply a pragmatic threshold to define uncontrolled (NICE 2017)¹ or partially controlled/ uncontrolled (GINA 2018)² asthma as using the reliever for symptomatic relief three or more days a week. **The SRQ questionnaire is adapted from the validated and globally used Beliefs about Medicines Questionnaire⁸ (BMQ), created and designed by leading behavioural medicine expert Professor Rob Horne.** The SRQ has been funded by AstraZeneca.

¹NICE Guideline [NG80]. Asthma: diagnosis, monitoring and chronic asthma management. November 2017. ²Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention. 2018. Available from: www.ginasthma.org [last accessed 04.03.18]. ³The Lancet Commissions. Pavord ID, Beasley R, Agusti A, *et al.* After asthma: redefining airways diseases. *Lancet.* 2017; 17:30879-6. ⁴Price D, Fletcher M, van der Molen T. Asthma control and management in 8,000 European patients: the REcognise Asthma and Link to Symptoms and Experience (REALISE) survey. *NPJ Prim Care Respir Med.* 2014; 24:14009. ⁵Partridge MR, van der Molen T, Myrseth SE, *et al.* Attitudes and actions of asthma patients on regular maintenance therapy: the INSPIRE study. *BMC Pulm Med.* 2006; 6:13. ⁶O'Byrne PM, FitzGerald JM, Bateman ED, *et al.* Inhaled Combined Budesonide-Formoterol as Needed in Mild Asthma. *N Engl J Med.* 2018; 378:1865-76. ⁷Humbert M, Andersson TLG, Buhl R, *et al.* Budesonide/formoterol for maintenance and reliever therapy in the management of moderate to severe asthma. *Allergy.* 2008; 63:1567-80. ⁸Horne R, Weinman J, Hankins M. The Beliefs about Medicines Questionnaire: The development and evaluation of a new method for assessing the cognitive representation of medication. *Psychology & Health.* 1999; 14(1):1-24.

