## A Healthcare Navigation Tool Assesses Asthma Self-Management and Health Literacy

## **Supplementary Tables**

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**e-Table 1. Inhaled Corticosteroid Knowledge Questionnaire**. <sup>1,2</sup> The sum of the 5-point Likert score for each item is calculated so that more knowledge on an item results in a higher score.

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
1. Inhaled steroids					
make airway muscles	1	2	3	4	5
relax.					-
2. Inhaled steroids					
work by fighting	5	4	3	2	1
inflammation.					
3. Inhaled steroids					
work by fighting	1	2	3	4	5
infection.					
4. The full effect of					
inhaled steroids					
depends on regular use	5	4	3	2	1
and may take days to					
work.					
5. Inhaled steroids				,	_
make you gain weight.	1	2	3	4	5
6. When you use					
inhaled steroids, your					
wheeze or chest	1	2	3	4	5
tightness gets better					
immediately.					
7. The full effect of					
inhaled steroids begins	1	2	3	4	5
immediately.					
8. Even if I have no					
symptoms from					
asthma, I should take					
[say rescue/reliever		2	2		_
inhaler they are on]	1	2	3	4	5
everyday so that I can					
stop asthma attacks					
from starting.					
9. Even if I have no					
symptoms from					
asthma, I should take					
[say ICS they are on]	5	4	3	2	1
everyday so that I can					
stop asthma attacks					
from starting.					
10. [Say ICS they are					
on] should be taken	1	2	2	4	=
only when I have	1	2	3	4	5
asthma symptoms.					

**e-Table 2**. **Measure of Inhaler Corticosteroid Technique**.<sup>3</sup> For each, the score is the sum of the "yes" responses, so that a maximum score for MDI Inhaler Technique is 7, for DPI Inhaler Technique it is 6.

MDI Inhaler Technique	
1. Canister shaken	<sub>1</sub> Yes <sub>0</sub> No
2. Exhales before actuating inhaler	<sub>1</sub> Yes <sub>0</sub> No
3. Actuates inhaler at the start or within 1 second of the start of inhalation	<sub>1</sub> Yes <sub>0</sub> No
4. Actuates only once per inhalation	<sub>1</sub> Yes <sub>0</sub> No
5. Inhalation takes place over 3-5 seconds	<sub>1</sub> Yes <sub>0</sub> No
6. Position of inhaler appears adequate	<sub>1</sub> Yes <sub>0</sub> No
7. Patient holds breath for 6-10 seconds	<sub>1</sub> Yes <sub>0</sub> No
DPI Inhaler Technique	$_{1}$ Yes $_{0}$ No
1. Exposes mouthpiece	$_{1}$ Yes $_{0}$ No
2. Cocks the triggers (activates the diskus)	<sub>1</sub> Yes <sub>0</sub> No
3. Holds diskus horizontally while inhaling	<sub>1</sub> Yes <sub>0</sub> No
4. Inhales deeply	<sub>1</sub> Yes <sub>0</sub> No
5. Holds breath 6 seconds	<sub>1</sub> Yes <sub>0</sub> No
6. Does not blow into diskus	<sub>1</sub> Yes <sub>0</sub> No

- 1. Apter AJ, Reisine ST, Affleck G, Barrows E, ZuWallack RL. Adherence with twice-daily dosing of inhaled steroids. Socioeconomic and health-belief differences. *Am J Respir Crit Care Med.* 1998;157(6 Pt 1):1810-1817.
- 2. Apter AJ, Boston R, George M, et al. Modifiable barriers to adherence to inhaled steroids among adults with asthma: it's not just black and white. *J Allergy Clin Immunol*. 2003;111(6):1219-1226.
- 3. Expert Panel Report 3: Guidelines for the diagnosis and management of asthma Bethesda, MD: National Institutes of Health, National Heart, Lung, and Blood Institute; 2007.