

**Depression, quality of life and its associated factors among caregivers of asthmatic children attending pulmonology clinics at Hamad General Hospital, Qatar**

**Please answer all of the following questions**

**\*Socio-demographic data:**

**1. Age in years:**

**2. Gender:** 1. Male 2. Female

**3. Marital status:** 1.single 2.Married 3.Divorced 4.Widowed

**4. Relation to the child:** 1. Mother 2. Father 3. Grandmother 4. Grandfather

5. Relative 6.Other

**5. Educational attainment:** 1. Illiterate or (reads and writes) 2. Primary

3.Preparatory 4.Secondary 5. University& higher

**6. Occupation:** 1. Not employed 2. Clerk/Administrator 3. Technician 4.

Professional 5. Private business 6. Others.

**7. Total family income (in QR):**

**8. Number of children:**

**9. Number of rooms in the house:**

**10. Crowdedness Index:**

**11. Number of children with asthma that is/ are under your care**

{including the child attended the clinic today):

**Lifestyle**

**12. Smoker: (Smoking)**

1. Regular smoker (Smokes tobacco at least once/day)
2. Irregular smoker (not a daily smoker or an ex-smoker of less than 6 months)
3. Ex-smoker (Did not smoke for at least 6 months)
4. Non-smoker

**13. Physical activity: Do you do any physical activity?**

1. Non
2. Low
3. Moderate to high (walks at least 30 minutes/day for 5 days or more a week or perform moderate to vigorous physical activity for 20 minutes/day for 3 days or more a week)

**\*Health Status**

**Type of chronic diseases:**

- |  |        |       |                          |
|--|--------|-------|--------------------------|
| <b>14. Bronchial asthma</b>                      | 1. Yes | 2. No | <input type="checkbox"/> |
| <b>15. Respiratory illness other than asthma</b> | 1. Yes | 2. No | <input type="checkbox"/> |
| <b>16. DM</b>                                    | 1. Yes | 2. No | <input type="checkbox"/> |
| <b>17. Hypertension</b>                          | 1. Yes | 2. No | <input type="checkbox"/> |
| <b>18. Cardiac</b>                               | 1. Yes | 2. No | <input type="checkbox"/> |

19. Others

1. Yes

2. No

**\*Family history**

20. Family history of asthma:

1. Yes

2. No

21. Family history of depression:

1. Yes

2. No

**Data of the asthmatic child**

22. Age in years:

23. Sex:

1. Male

2. Female

24. Educational level:

1. Nursery

2. KG

3. Primary

4. Preparatory

25. Duration of asthma:

26. Order of child in the family:

1. First

2. Middle

3. Last

**Beck Depression Inventory BDI-II**

Choose the one statement, from among the group of four statements in each question that best describes how you have been feeling during the past two weeks including today. Circle the number beside your choice.

**27. Sadness**

0 I do not feel sad.

1 I feel sad much of the time.

2 I am sad all the time.

3 I am so sad or unhappy that I can't stand it.

**28. Pessimism**

0 I am not discouraged about my future.

1 I feel more discouraged about my future than I used to be.

2 I do not expect things to work out for me.

3 I feel my future is hopeless and will only get worse.

**29. Past failure**

0 I do not feel like a failure.

1 I have failed more than I should have.

2 As I look back, I see a lot of failures.

3 I feel I am a total failure as a person.

**30. Loss of pleasure**

0 I get as much pleasure as I ever did from the things I enjoy.

1 I don't enjoy things as much as I used to.

2 I get very little pleasure from the things I used to enjoy.

3 I can't get any pleasure from the things I used to enjoy.

**31. Guilty feelings**

0 I don't feel particularly guilty.

1 I feel guilty a good part of the time.

2 I feel guilty most of the time.

3 I feel guilty all of the time.

**32. Punishment feelings**

0 I don't feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished.

### **33. Self-dislike**

0 I feel the same about myself as ever.

1 I have lost confidence in myself.

2 I am disappointed in myself.

3 I dislike myself.

### **34. Self-criticalness**

0 I don't criticize or blame myself more than usual.

1 I am more critical of myself than I used to be.

2 I criticize myself for all of my faults.

3 I blame myself for everything bad that happens.

### **35. Suicidal thoughts or wishes**

0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but I would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance.

### **36. Crying**

0 I don't cry anymore than I used to.

1 I cry more than I used to.

2 I cry over every little thing.

3 I feel like crying, but I can't.

### **37. Agitation**

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

### **38. Loss of interest**

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

### **39. Indecisiveness**

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

### **40. Worthlessness**

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

### **41. Loss of energy**

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.

3 I don't have enough energy to do anything.

**42. Changes in sleeping pattern**

0 I have not experienced any change in my sleeping pattern.

1a I sleep somewhat more than usual.

1b I sleep somewhat less than usual.

2a I sleep a lot more than usual.

2b I sleep a lot less than usual.

3a I sleep most of the day.

3b I wake up 1-2 hours early and can't get back to sleep.

**43. Irritability**

0 I am no more irritable than usual.

1 I am more irritable than usual.

2 I am much more irritable than usual.

3 I am irritable all the time.

**44. Changes in appetite**

0 I have not experienced any change in my appetite.

1a My appetite is somewhat less than usual,

1b My appetite is somewhat greater than usual.

2a My appetite is much less than before.

2b My appetite is much greater than usual.

3a I have no appetite at all.

3b I crave food all the time.

**45. Concentration difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**46. Tiredness or fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

**47. Loss of interest in sex**

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

**48. Total score for depression inventory:**

**Paediatric Asthma Caregiver's Quality of Life Questionnaire**

**This questionnaire is designed to find out how you have been during the last week. We want to know about the ways in which your child's asthma has interfered with your normal daily activities and how this has made you feel. Please answer each question by placing an x in the appropriate box. You may only mark one box per question.**

**49. How often did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?**



1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6.

Hardly any of the time 7. None of the time

**50. How often did your family need to change plans because of your child's asthma?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6.

Hardly any of the time 7. None of the time

**51. How often did you feel frustrated or impatient because your child was irritable due to asthma?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6.

Hardly any of the time 7. None of the time

**52. How often did your child's asthma interfere with your job or work around the house?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6.

Hardly any of the time 7. None of the time

**53. How often did you feel upset because of your child's cough, wheeze, or breathlessness?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6. Hardly any of the time 7. None of the time

**54. How often did you have sleepless nights because of your child's asthma?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6. Hardly any of the time 7. None of the time

**55. How often were you bothered because your child's asthma interfered with family relationships?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6. Hardly any of the time 7. None of the time

**56. How often were you awakened during the night because of your child's asthma?**

1. All of the time 2. Most of the time 3. Quit often 4. Some of the time 5. Once in a while 6. Hardly any of the time 7. None of the time

**57. How often did you feel angry that your child has asthma?**

1. All of the time 2. Most of the time 3. Quite often 4. Some of the time 5. Once in a while 6.

Hardly any of the time 7. None of the time

**58. How worried or concerned were you about your child's performance of normal daily activities?**

1. Very, Very Worried or concerned 2. Very worried or concerned 3. Fairly worried or concerned 4. Somewhat worried or concerned 5. A little worried or concerned 6. Hardly

worried or concerned 7. Not worried or concerned

**59. How worried or concerned were you about your child's asthma medications and side effects?**

1. Very, Very Worried or concerned 2. Very worried or concerned 3. Fairly worried or concerned 4. Somewhat worried or concerned 5. A little worried or concerned 6. Hardly

worried or concerned 7. Not worried or concerned

**60. How worried or concerned were you about being overprotective of your child?**

1. Very, Very Worried or concerned 2. Very worried or concerned 3. Fairly worried or concerned 4. Somewhat worried or concerned 5. A little worried or concerned 6. Hardly

worried or concerned 7. Not worried or concerned

**61. How worried or concerned were you about your child being able to lead a normal life?**

1. Very, Very Worried or concerned 2. Very worried or concerned 3. Fairly worried or concerned 4. Somewhat worried or concerned 5. A little worried or concerned 6. Hardly worried or concerned 7. Not worried or concerned

### **Pediatric Asthma Control & Communication Instrument**

Please check one answer for each of the following questions. Your answers will help your doctor give you the best asthma care.

#### Direction

**62. Since your child's last visit to this doctor's office, how has your child's asthma been? If your child has not seen a doctor, please answer about the past 2 months.**

0. Better      1. Same      2. Worse

#### Bothered

**63. Since your child's last visit to this doctor's office, how much have you been bothered by your child's asthma? If your child has not seen a doctor, please answer about the past 2 months.**

0. Not bothered      1. Somewhat bothered      2. Very bothered

### Risk

64-66. Since your child's last visit to this doctor's office, has your child: If your child has not seen a doctor, please answer about the past 2 months.

64. Been to the emergency room for asthma? 0. No  1. Yes

65. Been hospitalized for asthma? 0. No  1. Yes

66. Used prednisone (Orapred, steroid pill, steroid liquid or steroid syrup) for asthma?

0. No  1. Yes

### Forget to take medicine

67. How often do you forget to give your child's daily asthma medicine when he/she feels fine? My child is not supposed to take a daily asthma medicine

Daily asthma medicines include: Advair, Asmanex,, Budesonide, Dulera, Flovent, QVAR, Pulmicort, Singulair, Symbicort.

1. My child is not supposed to take a daily asthma medicine  0. None of the time  1. 1-2

days/week  2. Some of the time 2-3 days/week  3. Most of the time 3-4

days/week  4. All of the time 5-7 days/week

### Asthma symptoms

68. Over the past week, how many days has your

child had asthma symptoms? For example:

- Cough
- Chest tightness
- Shortness of breath

- Sputum (spit, mucous, phlegm when coughing)
- Difficulty taking a deep breath
- Wheezy or whistling sound in the chest

Days

0. 0  1. 1-2  2. 3-6  3. Everyday (not all day long)  4. Everyday (all day long)

#### Reliever use

69. Over the past week, how many days have you had to give your child medicine to quickly relieve asthma symptoms? For example:

- Albuterol/Proventil/Proair/Ventolirt/Xopenex via Inhaler/Spray/Pump or Machine/Nebulizer

Days

0. 0  1. 1-2  2. 3-6  3. Every day (not all day long)  4. Every day (all day long)

#### Attacks

70. Over the past week, how many days did your child have an asthma attack? For example:

- When it is harder to breathe for your child
- When you give your child more quick-relief asthma medicine (e.g., Albuterol)

Days

0. 0  1. 1  2. 2-3  3. 4-7

**Activity limitation**

**71. Over the past week, how much does asthma limit your child's activities?**

0. Not at all  1. Slightly  2. Moderately  3. Very much  4. Completely

**Night time symptoms**

**72. Over the past TWO weeks, how many nights did your child's asthma keep your child from sleeping or wake him/her up?**

Nights

0. 0  1. 1  2. 2  3. 3-7  4. 8-14

**73. Total asthma control score (Q 69-73):**

**Thank you for your cooperation**