

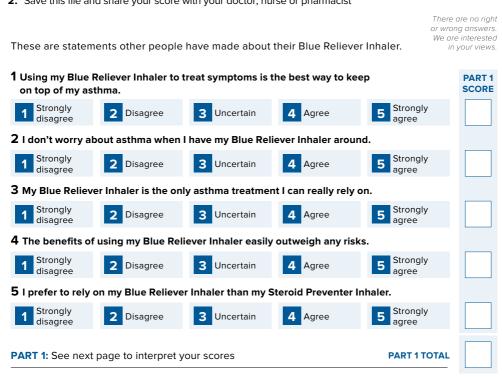
Developed by leading expert in behavioural medicine, Professor Rob Horne, University College London (UCL), with colleagues from the International Primary Care Respiratory Group (IPCRG), and fully funded by AstraZeneca UK Limited.

Blue Reliever Reliance Test

This is a self-test designed to help you and your doctor, nurse or pharmacist to understand what you think about your Blue Reliever Inhaler* for asthma and whether you might be relying on it too much. This is not medical advice. DO NOT stop or change your medication without consulting vour health care professional.

PART 1 Your views about your Blue Reliever Inhaler

- 1. Please enter the score that best represents your current view in the fillable box beside each question
- 2. Save this file and share your score with your doctor, nurse or pharmacist



PART 2 Using your Blue Reliever Inhaler

- 1. Please enter the score that best represents your current view in the fillable box beside the question
- 2. Save this file and share your score with your doctor, nurse or pharmacist



* Contains a medicine called SABA (short-acting β -agonist), prescribed to provide quick relief from asthma symptoms if they occur

© Prof Rob Horne

This is not medical advice. DO NOT stop or change your medication without consulting your health care professional.

How can this self-test help me?

Many people with asthma rely too much on their Blue Reliever Inhaler.³⁻⁴ It's easy to see why, as it usually makes you feel better as soon as you take it. Some people see it as the most important part of their asthma treatment BUT there can be 'good' and 'not-so-good' things about the Blue Reliever Inhaler.

'Good' effects are that it can feel as if the asthma symptoms are improving quickly.

'Not-so-good' things are that, while the Blue Reliever Inhaler helps deal with the symptoms of asthma, it does not help to manage the underlying cause of asthma attacks.

What does my total score for PART 1 mean?

18 - 25:

High risk of over-reliance on your Blue Reliever Inhaler. Like many people, you seem to be relying on your Blue Reliever Inhaler a lot. If you are using it 3 or more times a week, this could be a sign that your asthma is not as well controlled as it could be. It's worth discussing your results with your doctor, nurse or pharmacist.

11 - 17:

Medium risk of over-reliance on your Blue Reliever Inhaler. Like many people, your Blue Reliever Inhaler is important to you, but you might be relying on it a bit too much. If you are using it 3 or more times a week, this could be a sign that your asthma is not as well controlled as it could be. It's worth discussing your results with your doctor, nurse or pharmacist.

10 or less:

Low risk of over-reliance on your Blue Reliever Inhaler. You do not appear to be over-relying on your Blue Reliever Inhaler. This is good news. Please keep reading to check that you don't have any of the other possible signs of poor asthma control.

What does my total score for PART 2 mean?

If you score **3 or more** you may be using too much of your Blue Reliever Inhaler.^{1,2} This might be a sign your asthma is not as well controlled as it could be. Talk to your doctor, nurse or pharmacist as there may be better ways of managing your asthma.

What are the other signs of poor asthma control?²

As well as using a Blue Reliever Inhaler 3 or more times a week, there are three other signs of poor asthma control. If, in the last 4 weeks, any of the following have been true for you, it's worth discussing your asthma management with your doctor, nurse or pharmacist:

1. Daytime symptoms 3 or more times a week. 2. Asthma has woken you up at night. 3. Used your blue inhaler 3 or more times a week. 4. Asthma has limited your activity.

With the right treatment, most people can achieve good control of their asthma.

NOTE: Guidelines apply a pragmatic threshold to define uncontrolled (NICE 2017)¹ or partially controlled/uncontrolled (GINA 2019)² asthma as using the reliever for symptomatic relief three or more days/times a week. The 5-item questionnaire is adapted from the validated and globally used Beliefs about Medicines Questionnaire,⁵ created and designed by leading expert in behavioural medicine, Professor Rob Horne, UCL. IPCRG received funding from AstraZeneca to develop the Asthma Right Care Initiative. The production and distribution of this tool has been fully funded by AstraZeneca UK Limited.

¹NICE Guideline [NG80]. Asthma: diagnosis, monitoring and chronic asthma management. November 2017. ² Global Initiative for Asthma (GINA). Pocket Guide for asthma management and prevention (for adults and children older than 5 years). 2019. Available from: www.ginasthma.org [last accessed 08.05.19]. ³ Price D, Fletcher M, van der Molen T. *NPJ Prim Care Respir Med*. 2014; 24:14009. ⁴ Partridge MR, van der Molen T, Myrseth SE, *et al. BMC Pulm Med*. 2006; 6:13. ⁵ Horne R, Weinman J, Hankins M. *Psychology & Health*. 1999; 14(1):1-24.

© Prof Rob Horne