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Norwegian versions of the Living with Asthma Questionnaire (LWAQ) and Asthma Bother Profile (ABP), validation and comparison of two asthma groups

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The Living with Asthma Questionnaire (LWAQ) and the Asthma Bother Profile (ABP) were translated into Norwegian using conventional back translation procedures, and completed by 30 asthma outpatients and 30 asthma patients admitted to inpatient rehabilitation. Reliability (Cronbach's alpha and retest-reliability) was shown to be good for both scales. Validity was established by showing significantly poorer health in the rehabilitation sample, and correlations with state and trait anxiety. The Norwegian translations are reliable and valid versions of the original questionnaires.

Key words: Asthma, health status, anxiety.

INTRODUCTION

Improving patients’ perceived health status is among the main goals for treatment and rehabilitation of asthma patients. Perceived health status is usually based on the patients’ psychological judgement of a variety of health aspects: physical, functional, emotional, and relational. It is therefore important to have instruments that can measure this construct reliably, both for individuals and for groups of patients. Such instruments can be useful for at least two reasons; one is to make assessments before a specific kind of treatment or rehabilitation program is recommended; another is to detect changes in perceived health status over time, for example when evaluating the effect of different types of interventions. This last type of measurement can be useful both for individuals and for groups of patients, although the far most common use so far has been in the evaluation of groups, and usually for research purposes. Proper use of questionnaires, including administration, completion, scoring, interpretation and feedback is a time-consuming process. If health status instruments are to become a part of clinical management in the future, solid knowledge about the appropriateness of such assessment will be needed (Jenkinson, 1994). This is clearly an area where psychologists and more traditional medical personnel can cooperate.

Assessment of health status in asthma patients can be, and preferably should be, approached from different methodical angles. Clinical consultation and interviews, questionnaires, testing of lung function and physical capacity, checking the use of medication and health services etc., will all be valuable pieces in the puzzle. When approaching the concept of perceived health status, however, the most common method is to use a questionnaire, either guided by an interviewer or self-administered. There are a variety of different questionnaires that can be relevant for asthma patients (McSweeny & Creer, 1995). First, there are several generic health status instruments such as the Medical Outcomes Study Short form (SF-36), the Sickness Impact Profile (SIP) or the Nottingham Health Profile (NHP), that can be useful for many different patient populations. Secondly, instruments that measure anxiety and depression, such as the Spielberger State and Trait Anxiety Inventory (STAI) or the Beck Depression Inventory (BDI), can give useful information of the presence or absence of negative effect.

None of the above-mentioned instruments, however, are disease-specific, in the sense of being constructed to match the special problems and symptoms that lung patients experience. The need for disease-specific instruments has led to the development of a third category: the questionnaires for patients with respiratory diseases. Some of these, such as the St George Respiratory Questionnaire (SGrQ) (Jones, Quirk & Baveystock, 1991), can be used for all kinds of lung patients, including asthmatics. A few instruments remain, however, to be characterized as asthma-specific, and two of these are the Living with Asthma Questionnaire (LWAQ) and the Asthma Bother Profile (ABP). These questionnaires have been validated and used in several different settings (Hyland, Coward, Upchurch & Jones, 1991; Hyland, Kenyon & Jacobs, 1994; Hyland, Ley, Fisher & Woodward 1995; Hyland, Bellesis, Thompson & Kenyon, 1996). The LWAQ and ABP were developed for different purposes: the LWAQ was developed to evaluate outcome in pharmaceutical clinical
trials; the ABP was developed as a tool to aid the clinical management of patients. As part of an evaluation project at Glittrelinenikk in Norway, we wanted to translate them and check for reliability and validity on Norwegian asthma patients. The present study describes reliability data for the Norwegian translations of these questionnaires. Validation was achieved by comparing between severely ill and less severely ill groups of patients, as well as comparison with another scale of patient perceptions, a scale measuring anxiety, and with respiratory function and exercise tolerance.

MATERIALS AND METHODS

Subjects and setting
Sixty subjects were recruited to the study, 30 asthma patients who had been referred to a 4-week inpatient rehabilitation program at Glittrelinenikk (RE), and 30 asthma outpatients (OP). Glittrelinenikk, in Norway, is a national center for rehabilitation of lung patients. The asthma patients that are referred to the clinic usually have a severe disease that has been difficult to control during the last months or years. The outpatients have less severe asthma. Lung specialists at Glittrelinenikk ensured a correct asthma diagnosis for the RE group. Cooperating with physicians who were, or had been, trained at Glittrelinenikk ensured correct asthma diagnosis for the OP group.

Procedure
The rehabilitation patients (RE) were participating in a larger evaluation study at Glittrelinenikk, in which they completed questionnaires twice before the rehabilitation program and three times afterwards. Results presented in this study consist of data from the two completions before rehabilitation. Questionnaires were first sent to the patients shortly after they had been referred to Glittrelinenikk (time 1), and then they were tested again just after their arrival at the clinic (time 2). The time span between time 1 and time 2 for the RE group varied from 3 to 6 weeks. The patients received no interventions from the clinic in this period of time, apart from waiting for their stay.

The outpatient asthmatics (OP) were sent two sets of questionnaires from their physician at a routine control, and were instructed to complete the first set the same day (time 1), and a second set after 6 weeks (time 2). They received no interventions (change of medication etc.) during this time. For 27 of the 30 subjects in the RE group measures of FEV1 (forced expiratory volume in 1 sec) (% of expected) and six minutes walking distance (6WD) were taken at time 2.

All subjects participated voluntarily. The regional ethical committee had approved the study.

Questionnaire measurement

The LWAQ and ABP. The LWAQ and the ABP were translated into Norwegian with permission from the developers. Two bilingual native Norwegian translators made independent versions, gathered to discuss the drafts and agreed on a consensus version. A bilingual native Canadian translator back translated the consensus version and the material was sent to the author for comments. Only small adjustments were then required for the author and translators to agree on a final version. The LWAQ is a 68-item questionnaire containing both positively and negatively worded items. The scale is scored so that a high score indicates a high impact of asthma on daily life. Examples of items in the LWAQ are: “I feel inadequate because of my asthma,” “I can walk up a flight of stairs without stopping,” and “I tend to cough a lot at night.” Patients respond by marking one of four response alternatives: “Untrue of me,” “Slightly true of me,” “Very true of me,” or “Not applicable.”

The ABP is a multi-part scale, of which three parts, including a total of 15 items, are scored so that a high score indicates a high impact of asthma on daily life. Examples of items in the ABP are: “Overall, how much does your asthma bother your personal life?”, “How much bother is the worry that you will have an asthma attack visiting a new place?”, and “How much do coughs and colds bother you?”. Patients respond on a seven-point scale ranging from “no bother at all” to “makes my life a misery,” with a non applicable response category where relevant. In addition, the ABP has one item asking the subjects how many months a year their asthma is bothering them. In the results section, this variable is called “months.”

The Spielberger State and Trait Anxiety Inventory (STAI). The STAI consists of 20 items measuring trait anxiety (i.e., general levels of anxiety) and 20 items measuring state anxiety (i.e., anxiety at the time of testing). High scores indicate high levels of anxiety. The Norwegian version of the STAI has been validated for several different populations (Håseth & Hagtvet, 1993).

Statistics

Partial correlation coefficients controlling for the variable group (RE or OP) were calculated for the analyses of correlations including all patients. Pearson coefficients were used in correlation analyses including only the rehabilitation patients. Differences in scores between the two groups and differences in scores over time were assessed by using a 2 × 2 analysis of variance on one factor. Alpha coefficients were calculated using patients who had no missing items, hence the variability in N for different instruments. All statistics was calculated using SPSS, version 10.0.

RESULTS

The female/male distribution of the two groups were RE = 21/9 and OP = 22/8, which is similar for the two groups. The outpatients had a higher mean age than the rehabilitation group with means (and standard deviations) for OP = 41.53 (10.41), RE = 35.33 (10.98), p < 0.05. Cronbach’s alpha for the LWAQ was 0.97 at time 1 (N = 50) and 0.97 at time 2 (N = 53). Cronbach’s alpha for the ABP was 0.92 at time 1 (N = 39) and 0.93 at time 2 (N = 40). Test-retest correlations (N = 50) were 0.95 for the LWAQ, 0.88 for the ABP and 0.77 for the months variable.

All correlations between individual items and total scale scores for the asthma instruments were in a positive direction, and the majority of them were significant at the 0.05 level or higher. For the LWAQ, correlations between individual items and total scale scores varied from 0.13 to 0.70 at time 1 and from 0.10 to 0.70 at time 2. Two items, 33 (0.19) and 36 (0.13) had non-significant correlations with the total score at time 1. Two other items, 8 (0.10) and 51 (0.21) correlated non-significantly at time 2. For the ABP, item 7 had non-significant correlations to the total score both at time 1
Asthma Bother Profile Scoring Instructions

The Asthma Bother Profile is often used as part of clinical management, in which case no scoring is needed. Clinicians should examine the response to individual items which provide information about the patient, information which can then be explored more fully as part of the patient interview. The Asthma Bother Profile is not intended as a substitute for the clinical interview.

However, there are occasions when the Asthma Bother Profile is used as an outcome assessment in which case scoring is necessary. Scoring of the Asthma Bother Profile is as follows:

Part One

This section elicits general patient information and should not be used for scoring purposes.

Part Two

This section contains 5 items each of which measures various ‘bothers’. Score as follows for all items

No bother at all = 0
Minor irritation = 1
Slight bother = 2
Moderate bother = 3
A lot of bother = 4
Makes my life a misery = 5

If, and only if, none of the above are ticked then score the following additional responses as follows

Tick here if unemployed or retired because of asthma = 5
Tick here if retired = 0
None of these really apply to me = 0
Don’t want to do these sorts of things anyway = 0

If, for the item on leisure activities, the patient ticks ‘can’t do some of these sorts of things because of asthma’ then score 5 for this item irrespective of any other response.

Part Three

This section includes a further five bothers including some relating to asthma management. Score as follows for all items

No bother at all = 0
Minor irritation = 1
Slight bother = 2
Moderate bother = 3
A lot of bother = 4

This is the end of the sample ABP scoring instructions. Please return to page 1 to purchase full complete ABP.
Asthma affects people in many different ways

For some people asthma causes very little bother

For others, asthma is very troublesome

The purpose of this questionnaire is to find out how much your asthma bothers you overall

Part One

Would you please provide the following information before going on to the rest of the questionnaire: Age ___  Male  Female

Please tick  check mark  any month when your asthma bothers you

Jan  Feb  Mar  Apr  May  Jun

July  Aug  Sep  Oct  Nov  Dec

If you have had asthma for less than 12 months, please state for how many months you have had it ___

(Please write the number of months on the line)

Please write today's date here:  ___
Part Two

Please answer the following questions by putting a tick next to the reply which most closely applies to you.

Please don't spend too long thinking about each question. It is your general impression which is important.

How much does your asthma bother you at your paid work?

 Tick here if unemployed or retired because of asthma

Tick here if retired

Overall, how much does your asthma bother you when you do jobs around the house?

Such as: housework shopping home maintenance gardening child care

This is the end of the sample ABP questionnaire. Please return to page 1 to purchase full complete ABP.