

## APPENDIX 1. ASTHMA INSIGHTS AND REALITY IN THE ASIA-PACIFIC (AIRIAP) TO ASTHMA CONTROL TEST™ (ACT) MAPPING ALGORITHM

ACT items and corresponding AIRIAP survey question(s)	ACT responses and corresponding responses from the AIRIAP survey questions				
<b>ACT question 1</b> In the past 4 weeks how much of the time did your asthma keep you from getting as much done at work, school or home?	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<b>AIRIAP<sup>#</sup></b> How much do you feel that your asthma limits what you <sup>†</sup> can do in ... social activities/playing [and] ... housekeeping chores?	Both responses "A lot"	Worst response "A lot"	Worst response "Some"	Worst response "Little"	Both responses "Not at all"
<b>ACT question 2</b> During the past 4 weeks, how often have you had shortness of breath?	More than once a day	Once a day	Three to six times a week	Once or twice a week	Not at all
<b>AIRIAP</b> What asthma symptoms have you had... [If "Shortness of Breath" reported]: How many times in a typical week do you experience asthma symptoms?	Eight times per week or more frequently	Seven times per week	3, 4, 5 or 6 times per week	One or two times per week	Shortness of breath not experienced
<b>ACT question 3</b> During the past 4 weeks how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	Four or more times a week	2–3 times a week	Once a week	Once or twice	Not at all
<b>AIRIAP</b> Have you been awakened by a cough, or wheezing, or shortness of breath, or chest tightness during the night? How often do you have these symptoms at night?	"Every night" OR "Most nights"	"At least three nights a week" OR "Twice a week"	"Once a week (five times a month)" OR "Three or four times a month"	"Twice a month" OR "Once a month"	None of the symptoms in the past 4 weeks
<b>ACT question 4</b> During the past 4 weeks how often have you used your rescue inhaler or nebulizer medication (such as salbutamol)?	Three or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all
<b>AIRIAP<sup>+</sup></b> Which of [these asthma medications] do you take for "quick relief" of asthma symptoms? How often do you take them?	"Daily" AND three times per day or more often	"Daily" AND 1 per day or 2 per day	"2–3 times per week"	"Once a week" or less often	Not taken
<b>ACT question 5</b> How would you rate your asthma control during the past 4 weeks?	Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled
<b>AIRIAP</b> Overall, how well would you say that your asthma has been controlled in the past four weeks?	"Not controlled at all"	"Poorly controlled"	"Somewhat controlled"	"Well controlled"	"Completely controlled"

<sup>#</sup>: All questions begin "In the past 4 weeks". <sup>†</sup>: All references to "Your asthma" also include "your child's asthma" when appropriate. <sup>+</sup>: Up to four "quick relief" drugs reported. ACT response estimated from the quick relief drug used most frequently.

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## ERRATUM

"Introduction". M. Spiteri. *Eur Respir Rev* 2005; 14: 97, 125.

R. Lutter should have been included as the co-author of the Introduction.

R. Lutter was also Guest Editor of issue 14: 97, Current perspectives in epithelial cell injury and repair, alongside M. Spiteri.