

Appendix 1 (online) – Form for evaluating the inhaler technique.^(10,17-19)

Device(s) being used:

Metered-dose inhaler () Pulvinal® ()

Aerolizer® () Handhaler®()

Turbuhaler® () Diskus® ()

Other:

Practice	Yes	No	Not applicable
Opens the inhaler/Removes the cap			
Shakes the inhaler			
Holds the inhaler upright (tolerance of 45°)			
Inserts a capsule			
Closes the inhaler			
Pierces the capsule			
Twists the inhaler (fully in one direction, then fully in the other) until it clicks			
Uses a spacer			
Correctly attaches the spacer to the inhaler			
Exhales properly			
Does not exhale into the inhaler			
Keeps their head upright or slightly tilted			
Correctly places the inhaler between their lips			
Keeps the inhaler at a correct distance from their lips			
Inhales slowly and squeezes the inhaler			
Squeezes the inhaler only once per inhalation			
Continues inhaling slowly and deeply, through the inhaler			
Inhales forcefully and deeply, through the inhaler			
Holds the inhaler correctly while inhaling			
Holds their breath for 5 seconds			
Does not exhale into the inhaler			
Opens the inhaler and checks if the capsule is empty			
Throws the capsule away			
Closes the inhaler			

Appendix 2 (online) – Questionnaire for the assessment of patients regarding their knowledge of and their technique for using inhalation devices, as well as regarding control of the disease and instructions received during medical visits.

Name: _____	Date: _____
ID number: _____	Age: _____
Gender: M () F ()	
Disease: Asthma () COPD ()	
Medicamento(s) em uso:	
1 - Do you know how to use the inhaled medication prescribed? () yes () no	
2 - Do you have any questions about how to use inhaled medications? () yes () no	
3 - Do you think that inhaled medications yield good results? () yes () no	
4 - Do you think that your inhaler technique or the way you use your inhaled medication is important? () yes () no	
5 - Has your physician (or another health care professional) taught you how to use your inhaled medication yet? () yes () no	
6 - Has your physician ever observed you using your inhaled medication? () yes () no	
7 - Does your physician reevaluate how you use your inhaled medication at every medical visit? () yes () no	
8 - How many times has your physician observed you using your inhaled medication? _____	
9 - Do you think that your disease is well controlled? () yes () no	