

## Asthma Control Questionnaire

Patient name: \_\_\_\_\_

Date: \_\_\_\_\_

FEV<sub>1</sub> predicted: \_\_\_\_\_ FEV<sub>1</sub> % predicted: \_\_\_\_\_

No. of unplanned asthma medical attendance in previous month: \_\_\_\_\_

-- Please circle the box that best describes how you have been during the past one week --

1. On average, during the past week, how often were you **woken up by your asthma** during the night?

Never	Hardly ever	A few times	Several times	Many times	A great many times	Unable to sleep because of asthma
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2. On average, during the past week, how **bad were your asthma symptoms when you woke up** in the morning?

No symptoms	Very mild symptoms	Mild symptoms	Moderate symptoms	Quite severe symptoms	Severe symptoms	Very severe symptoms
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3. In general, during the past week, how **limited were you in your activities** because of your asthma?

Not limited at all	Very slightly limited	Slightly limited	Moderately limited	Very limited	Extremely limited	Totally limited
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4. In general, during the past week, how much **shortness of breath** did you experience because of your asthma?

None	Very little	Little	Moderate amount	Quite a lot	A great deal	Very great deal
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5. In general, during the past week, how often did you feel **frustrated** as a result of your asthma?

None	Very little	Little	Moderate amount	Quite a lot	A great deal	Very great deal
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6. In general, during the past week, how often were you bothered by **coughing**?

None	Very little	Little	Moderate amount	Quite a lot	A great deal	Very great deal
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7. In general, during the past week, how often did you **feel afraid of not having your asthma medication available**?

None	Very little	Little	Moderate amount	Quite a lot	A great deal	Very great deal
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8. In general, during the past week, how much time did you **wheeze**?

Not at all	Hardly any of the time	A little of the time	Some of the time	Lot of the time	Most of the time	All the time
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9. In general, during the past week, how much of the time did you experience a feeling of **chest tightness or chest heaviness**?

None of the time	Hardly Any of the time	A little of the time	Some of the time	Lot of the time	Most of the time	All the time
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10. On average, during the past week, how many **puffs of short-acting bronchodilator** (e.g. Ventolin) have you used each day?

None	1-2 puffs most days	3-4 puffs most days	5-8 puffs most days	9-12 puffs most days	13-16 puffs most days	More than 16 puffs most days
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