

Asthma Control Questionnaire

Please answer Questions 1–6.

Circle the number of the response that best describes how you have been during the past week.

1. On average, during the past week, how often were you **woken by your asthma** during the night?
 - 0 Never
 - 1 Hardly ever
 - 2 A few times
 - 3 Several times
 - 4 Many times
 - 5 A great many times
 - 6 Unable to sleep because of asthma

2. On average, during the past week, how **bad were your asthma symptoms when you woke up** in the morning?
 - 0 No symptoms
 - 1 Very mild symptoms
 - 2 Mild symptoms
 - 3 Moderate symptoms
 - 4 Quite severe symptoms
 - 5 Severe symptoms
 - 6 Very severe symptoms

3. In general, during the past week, how **limited were you in your activities** because of your asthma?
 - 0 Not limited at all
 - 1 Very slightly limited
 - 2 Slightly limited
 - 3 Moderately limited
 - 4 Very limited
 - 5 Extremely limited
 - 6 Totally limited

4. In general, during the past week, how much **shortness of breath** did you experience because of your asthma?
 - 0 None
 - 1 A very little
 - 2 A little
 - 3 A moderate amount
 - 4 Quite a lot
 - 5 A great deal
 - 6 A very great deal

5. In general, during the past week, how much of the time did you **wheeze**?
 - 0 Not at all
 - 1 Hardly any of the time
 - 2 A little of the time
 - 3 A moderate amount of the time
 - 4 A lot of the time
 - 5 Most of the time
 - 6 All the time

6. On average, during the past week, how many **puffs of short-acting bronchodilator** have you used each day?
 - 0 None
 - 1 1–2 puffs most days
 - 2 3–4 puffs most days
 - 3 5–8 puffs most days
 - 4 9–12 puffs most days
 - 5 13–16 puffs most days
 - 6 More than 16 puffs most days