

ASTHMA CONTROL QUESTIONNAIRE©

1. On average, during the past month, 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 month, 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 month, 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 month, 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 month, 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