

Asthma Questionnaire

Please add your contact details below:

Name	
Address	
Home Telephone	
Mobile Telephone	
Email Address	

Asthma Control Test

1) In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

All of Most of Some of A little None of
the time [1] the time [2] the time [3] of the time [4] the time [5]

2) During the past 4 weeks, how often have you had shortness of breath?

More than Once 3 to 6 times Once or Not at all [5]
once a day [1] a day [2] a week [3] twice a week [4]

3) In the past 4 weeks, how often did your asthma symptoms (wheezing, cough, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

All of Most of Some of A little None of
the time [1] the time [2] the time [3] of the time [4] the time [5]

4) During the past 4 weeks, how often have you used your rescue inhaler (usually blue) or nebuliser medication?

3 or more 1 or 2 times Once Once [4] Not at all [5]
times per day [1] times per day [2] a week [3]

