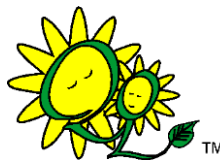

ASTHMA CONTROL DIARY (ACD)

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QOL TECHNOLOGIES Ltd.



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FEBRUARY 2001

DIARY # _____

MORNING DIARY

PATIENT # _____

Please do the breathing test and fill in the diary **before** taking your morning asthma medication.

Write in the number that best describes how your asthma has been during the night and this morning
(think about how your asthma has been since you filled in your diary last night).

DATE							
Peak Expiratory Flow Rate Please record the best of three blows before you take any asthma medications.							
How often were you woken by your asthma during the night? 0 not woken at all 1 once 2 a few times 3 several times 4 many times 5 a great many times 6 awake all night							
How bad were your asthma symptoms when you woke up this morning? 0 no symptom 1 very mild symptoms 2 mild symptoms 3 moderate symptoms 4 quite severe symptoms 5 severe symptoms 6 very severe symptoms							

DIARY # _____

BEDTIME DIARY (Page 1 of 2)

PATIENT # _____

Please write in the number that best describes how your asthma has been during the day today
(think about how your asthma has been since you filled in your diary this morning).

DATE							
How limited were you in your activities today 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							
How much shortness of breath did you experience today? 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							

Please turn over 

DIARY # _____

BEDTIME DIARY (Page 2 of 2)

PATIENT # _____

Please write in the number that best describes how your asthma has been during the day today
(think about how your asthma has been since you filled in your diary this morning).

How much of the time did you wheeze today? 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							
Please record the <u>total number</u> of puffs/ inhalations of bronchodilator (_____) you have used in the <u>past 24</u> hours.							