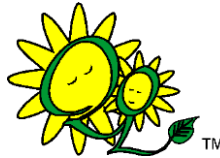

ASTHMA CONTROL QUESTIONNAIRE (ACQ)

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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/inhalations of short-acting bronchodilator (eg. Ventolin/Bricanyl) have you used each day?
<i>(If you are not sure how to answer this question, please ask for help)</i> | 0 None
1 1 - 2 puffs/inhalations most days
2 3 - 4 puffs/inhalations most days
3 5 - 8 puffs/inhalations most days
4 9 - 12 puffs/inhalations most days
5 13 - 16 puffs/inhalations most days
6 More than 16 puffs/inhalations most days |

To be completed by a member of the clinic staff

- | | |
|--------------------------------------------------|-------------------|
| 7. FEV ₁ pre-bronchodilator: | 0 > 95% predicted |
| FEV ₁ predicted: | 1 95 - 90% |
| FEV ₁ %predicted: | 2 89 - 80% |
| (Record actual values on the dotted | 3 79 - 70% |
| lines and score the FEV ₁ % predicted | 4 69 - 60% |
| in the next column) | 5 59 - 50% |
| | 6 < 50% predicted |