Asthma Control Questionnaire (Questions 1- 7) // self administered

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 are your asthma symptoms when you wake 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 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) have you used each day?
   - 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

Asthma Control Questionnaire

(Question 7)

To be completed my staff

FEV,% predicted:

Points	>95% predicted
1	90-95% predicted
2	80-89% predicted
3	70-79% predicted
4	60-69% predicted
5	50-59% predicted
6	<50% predicted

Points assigned= _____

Scoring:

Sum points from all questions 1-7. Divide this sum by 7.

If question 7 not available, sum by 6

ACQ score = _____

SLEEP ADDENDUM

Positive airway pressure devices:

What kind of PAP device: ☐ CPAP ☐ BiPAP ☐ ASV Current Settings: _____

Do you use CPAP faithfully: ☐ Yes ☐ No How many ours do you think you are using it? _____ How many nights per week? _____

What is the reason of noncompliance? ☐ mask discomfort ☐ mask leaks ☐ claustrophobia ☐ sinus congestion ☐ dryness ☐ excessive gas/belching ☐ allergy to mask _____

Current DME vendors: ☐ Sheepless Nights ☐ Lincare ☐ SleepWorks ☐ Apria ☐ Family Medical ☐ PSA ☐ Active ☐ Advanced Others:_____

Sleep Review of Systems:

☐ fatigue
☐ frequent urination at night
☐ restless legs
☐ sleep walking
☐ weakness while laughing
☐ problem falling asleep
☐ night sweats
☐ leg jerks
☐ acting out of dream
☐ shift work
☐ problem staying in sleep
☐ anxiety
☐ caffeine intake
☐ nightmare
☐ pain in sleep