

St Marys Surgery - Asthma Control Test

During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

During the last 4 weeks, how often have you had shortness of breath?

More than once a day

Once a day

3 to 6 times a week

Once or twice a week

Not at all

During the last 4 weeks, how often have your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

4 or more nights a week

2 to 3 nights a week

Once a week

Once or twice

Not at all

During the last 4 weeks, how often have you used your rescue inhaler such as Salbutamol or MART therapy inhaler?

3 or more times per day

Once or twice per day

2 or 3 times per week

Once a week or less

Not at all

How would you rate your asthma control during the last 4 weeks?

Not controlled at all

Poorly controlled

Somewhat controlled

Well controlled

Completely controlled

How many asthma exacerbations have you had in the past 12 months?

An exacerbation is where your symptoms got worse, your reliever did not help and you needed to seek medical attention

Do you have any further information about your asthma that you feel is relevant to this review?

Please tell us what triggers your asthma symptoms

Please note that your answers will not be seen immediately and you should direct any urgent queries to your GP surgery.

What is your smoking status?

Current smoker

Ex-smoker

Never smoked

Does anyone else in your household smoke? (if patient is 19 years old or younger)

No

Yes

Are you happy with your inhaler technique?

No

Yes

Do you have a written Asthma care plan?

No

Yes

This form is NOT for urgent medical help

Please return the completed form to Reception