



Asthma Therapy Assessment Questionnaire*



Take a step toward control

ADULT
(18 YEARS OR OLDER)

Patient's name: _____

ID number: _____

Physician's name: _____ Date: _____

Instructions: Check 1 answer for each question and enter point value (0 or 1) on line.

1. In the past 4 weeks, did you:

a. Miss any work, school, or normal daily activity because of your asthma?

Yes (1) No (0) Unsure (1)

b. Wake up at night because of asthma?

Yes (1) No (0) Unsure (1)

c. Believe that your asthma was well controlled?

Yes (0) No (1) Unsure (1)

2. Do you use an inhaler for quick relief from asthma symptoms?

Yes No Unsure

If yes, in the past 4 weeks, what was the highest number of puffs in 1 day you took of the inhaler?

0 (0)

9 to 12 puffs (1)[†]

1 to 4 puffs (0)

More than 12 puffs (1)

5 to 8 puffs (1)[†]

Enter score _____

Add the numbers in the blue area and enter the total score here.

TOTAL

If the score is 1 or greater, discuss the questionnaire with your doctor.

*The control domain is 1 domain of the ATAQ instrument. Other disease management domains are included in the complete instrument.

[†]This reflects a lower threshold than was used in the ATAQ validation studies to identify potential control problems. This modification was designed to encourage patients and providers to discuss how asthma medications are being used.

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Patient: Detach here and keep this part.

Continue to monitor your asthma control at asthmacontrolcheck.com