

FIGURE 3–8. VALIDATED INSTRUMENTS FOR ASSESSMENT AND MONITORING OF ASTHMA

- Asthma Control Questionnaire (Juniper et al. 1999b)
- Asthma Therapy Assessment Questionnaire (Vollmer et al. 1999) (See below.)
- Asthma Control Test (Nathan et al. 2004) (See below.)
- Asthma Control score (Boulet et al. 2002)

ASTHMA THERAPY ASSESSMENT QUESTIONNAIRE® (ATAQ)

1. In the past 4 weeks did you miss any work, school, or normal daily activities because of your asthma? (1 point for YES)
2. In the past 4 weeks, did you wake up at night because of your asthma? (1 point for YES)
3. Do you believe your asthma was well controlled in the past 4 weeks? (1 point for NO)
4. Do you use an inhaler for quick relief from asthma symptoms? If yes, what is the highest number of puffs in 1 day you took of this inhaler? (1 point for more than 12)

Total points = 0–4, with more points indicating more control problems

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ASTHMA CONTROL TEST™

This survey was designed to help you describe your asthma and how your asthma affects how you feel and what you are able to do. To complete it, please mark an X in the one box that best describes your answer.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work or at home?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2. During the past 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
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake 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
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol, Ventolin®, Proventil®, Maxair®, or Primatene Mist®)?

3 or more times per day	1 or 2 times per day	2 or 3 times per week	Once a week or less	Not at all
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5. How would you rate your asthma control during the past 4 weeks?

Not Controlled at all	Poorly Controlled	Somewhat Controlled	Well Controlled	Completely Controlled
▼	▼	▼	▼	▼
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

For information on the interpretation and scoring of the Asthma Control Test™ (ACT™), visit www.qualitymetric.com/act. Source: Reprinted with permission from QualityMetric Incorporated, Asthma Control Test™ Copyright ©, QualityMetric Incorporated 2002, 2004. All Rights Reserved.

CAUTION: The sample questionnaires in figure 3–8 assess only the impairment domain of asthma control and NOT the risk domain. Measure of risk, such as exacerbations, urgent care, hospitalizations, and declines in lung function, are important elements of assessing the level of asthma control.