
Please answer questions 1 - 5.**Circle the number of the response that best describes how you have been in the last week.**

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| 1. On average, in the last week, how often were you woken by your asthma during the night? | 0 Not at all
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, in the last week, how 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, in the last week, how limited were you in your day-to-day activities because of your asthma? | 0 Not at all limited
1 Very slightly limited
2 Slightly limited
3 Moderately limited
4 Very limited
5 Extremely limited
6 Totally limited |
| 4. In general, in the last week, how much shortness of breath did you experience because of your asthma? | 0 None
1 Very little
2 A little
3 A moderate amount
4 Quite a lot
5 A great deal
6 An extreme amount |
| 5. In general, in the last week, how often did you wheeze ? | 0 None of the time
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 |