Additional file 2 : Asthma Control Questionnaire and Copyright letter of permission.

Appendix S1 : Asthma Control Questionnaire.

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ASTHMA CONTROL QUESTIONNAIRE©

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? | 01 | NeverHardly ever |
|  |  | 2 | A few minutes |
|  |  | 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 were your asthma symptoms when you woke** up in the morning? | 01 | No symptomsVery 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? | 01 | Not limited at allVery 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 you asthma? | 01 | NoneA 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 of the 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 of short-acting bronchodilator** (eg. Ventolin) have you used each day? | 01 | None1±2 puffs most days |
|  |  | 2 | 3±4 puffs most days |
|  |  | 3 | 5±8 puffs most days |
|  |  | 4 | 9±12 puffs most days |
|  |  | 5 | 13±16 puffs most days |
|  | To be completed by a member of the clinic staff | 6 | More than 16 puffs most days |
| 7. | FEV1 pre-bronchodilator: ................................ | 0 | >95% predicted |
|  |  | 1 | 95±90% |
|  | FEV1 predicted ................................................ | 2 | 89±80% |
|  |  | 3 | 79±70% |
|  | FEV1 % predicted ...........................................(Record actual values on the dotted lines and score the FEV1 % predicted in the next column) | 456 | 69±60%59±50%<50% predicted |

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Appendix S2: ACQ letter of copyright permission.