

Asthma Screening (ASC)

{Delete the options that don't apply so when the document is completed, the patient's current answers only remain}

Q1) In the **past 4 weeks**, how often did your asthma prevent you from getting as much done at work, school or home?

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 a little of the time
- 5 not at all

Q2) In the **last 4 weeks**, how often have you had shortness of breath?

- 1 more than once a day
- 2 once a day
- 3 3 to 6 times a week
- 4 once or twice a week
- 5 not at all

Q3) 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?

- 1 4 or more times a week
- 2 2 to 3 nights a week
- 3 1 night a week
- 4 less than 1 night a week
- 5 not at all

Q4) During the **past four weeks**, how often have you used your reliever medication (such as your blue inhaler or rescue inhaler)?

- 1 3 or more times a day
- 2 1 or 2 times a day
- 3 2 or 3 times a week
- 4 once a week or less
- 5 not at all

Q5) How would you rate your asthma control during the **past four weeks**?

- 1 Not controlled
- 2 Poorly controlled
- 3 Somewhat controlled
- 4 Well controlled
- 5 Completely controlled

Add up each score to get the total.

TOTAL:

Score 20-25) Well done, asthma appears to be controlled. Continue to reassess regularly to ensure good asthma control.

Score 19 or less) Your asthma may be partly controlled or uncontrolled. Review with Asthma Nurse/GP recommended to assess medications and technique.