



Name: _____ Date: _____

Asthma Control Questionnaire – 5 (ACQ-5)

Q1) On average, during the past week, how often were you woken by your asthma during the night?

- 0 = never
- 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

Response:

Q2) On average, during the past week, how bad 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

Response:

Q3) In general, during the past week, how limited were you in your activities because of your asthma?

- 0 = not limited at all
- 1 = very slightly limited
- 2 = slightly limited
- 3 = moderately limited
- 4 = very limited
- 5 = extremely limited
- 6 = totally limited

Response:

Q4) In general, during the past 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 = a very great deal

Response:

Q5) 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 of the time

Response: