Asthma ACT Florey content (if patient aged 12 or over)

Name:

Date of birth:

Address:

**Please circle most appropriate answer.**

1. During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?
* All of the time
* Most of the time
* Some of the time
* A little of the time
* None of the time
1. 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
1. 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
1. During the past 4 weeks, how often have you used your reliever inhaler (usually the blue inhaler) or nebuliser medication?
* 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
1. How would you rate your asthma control during the past 4 weeks?
* Not controlled at all
* Poorly controlled
* Somewhat controlled
* Well controlled
* Completely controlled
1. How many asthma exacerbations have you had in the past 12 months?

An exacerbation is where your symptoms got worse, your reliever did not help and you needed to seek medical attention.

1. Do you have any further information about your asthma that you feel is relevant to this review?
2. What is your smoking status?
* Current smoker
* Ex-smoker
* Never smoked
1. How much do you smoke? (If answered Current Smoker to previous question)
* <1 cigarettes per day or equivalent
* 1-9 cigarettes per day or equivalent
* 10-19 cigarettes per day or equivalent
* 20-30 cigarettes per day or equivalent
* 40+ cigarettes per day or equivalent
1. Does anyone else in your household smoke? (If patient is 19 years old or younger)
* Yes
* No
1. Who smokes in your household? (If patient is 19 years old or younger)