Supplementary material

Asthma Control Questionnaire

This questionnaire is to be completed by the child together with the parent/guardian.
Think how the child's asthma was **during the PAST WEEK,** and mark with a **circle**
the response which best describes your condition.

**Q1. 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

**Q2. During the past week, how bad were your symptoms (e.g hard to breathe,
wheeze, cough) 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

**Q3. During the past week, how limited were you in your activities because of your
asthma (e.g absent from school or lessons)?**

0 Not limited at all
1 Very slightly limited
2 Slightly limited
3 Moderately limited
4 Very limited
5 Extremely limited
6 Totally limited

Q4. During the past week, how much shortness of breathe did you experience because of your asthma?

0 None
1 A very little
2 A little
3 A moderate amount
4 Quite a lot
5 A great deal
6 A very great deal

Q5. During the past week, how much of the time did you wheeze?

0 Never
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

Q6. During the past week, how many puff/inhalations of your reliever have you used each day?

0 None
1 1-2 puffs/inhalations most days
2 3-4 puffs/inhalations most days
3 5-8 puffs/inhalations most days
4 9-12 puffs/inhalations most days
5 13-16 puffs/inhalations most days
6 More than 16 puffs/inhalations most days

Q7. FEV_1 %predicted pre-bronchodilator:

Score % predicted FEV_1:

0 > 95% predicted
1 95-90% 2 89-80% 3 79-70%
4 69-60% 5 59-50% 6 < 50% predicted

FEV_1 % predicted value………………

Score………..