

ACT questionnaire (ask the following questions to 20 patients. Fill out one form per patient. Remember to also keep their folder number and review their medical record).

	Folder number (record folder number)					
Question 1	During the past 4 weeks , how often did your asthma prevent you from getting as much done at work, school or home? (Circle correct number)					Answer
	1. All of the time	2. Most of the time	3. Some of the time	4. A little of the time	5. None of the time	
Question 2	During the past 4 weeks, how often have you had shortness of breath? (Circle correct number)					
	1. More than once a day	2. Once a day	3. 3 to 6 times a week	4. Once or twice a week	5. None at all	
Question 3	During the past 4 weeks, how often did your asthma symptom (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning? (Circle correct number)					
	1. 4 or more times a week	2. 2 to 3 nights a week	3. Once a week	4. Once or twice	5. Not at all	
Question 4	During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as salbutamol)? (Circle correct number)					
	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	
Question 5	How would you rate your asthma control during the past 4 weeks ? (Circle correct number)					
	1. Not controlled	2. Poorly controlled	3. Somewhat controlled	4. Well controlled	5. Completely controlled	
	Total score (add up numbers selected from questions 1 to 5)					
Question 6	Can the patient explain the difference between (their) reliever and controller medication? (Answer Yes / No)					
Question 7	Have you been admitted / slept in hospital because of asthma in the past year? (Answer Yes / No)					
Question 8	How many times have you had to make an emergency visit (without an appointment) to a health worker during the last year?					