

# Asthma Control

My asthma is **not well controlled** if I answer 'Yes' to **any 1** of these questions  
(at any point in time)

Question	Yes	No
1. Do I cough, wheeze, or have a tight chest because of my asthma?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does coughing, wheezing, or chest tightness wake me at night?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do I stop exercising because of my asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do I miss work or school because of my asthma?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do I use my reliever medicine 3 or more times a week?	<input type="checkbox"/>	<input type="checkbox"/>