

# ASTHMA CONTROL DIARY Morning Score

Please do the breathing test and fill in the questionnaire before taking your morning asthma medication.  
Write in the number that best describes how your asthma has been during the night and this morning.

## Peak Expiratory Flow Rate

Please record the best of three blows **before** you take any asthma medications.

How often were you **woken by your asthma during the night**?

- |                    |                      |
|--------------------|----------------------|
| 0 not woken at all | 4 many times         |
| 1 once             | 5 a great many times |
| 2 a few times      | 6 awake all night    |
| 3 several times    |                      |

How **bad were your asthma symptoms when you woke up** this morning?

- |                      |                         |
|----------------------|-------------------------|
| 0 no symptoms        | 4 quite severe symptoms |
| 1 very mild symptoms | 5 severe symptoms       |
| 2 mild symptoms      | 6 very severe symptoms  |
| 3 moderate symptoms  |                         |

## Bedtime Score

Please write in the number that best describes how your asthma has been during the day today.

How **limited were you in your activities** today because of your asthma?

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

How much **shortness of breath** did you experience today?

- |                     |                     |
|---------------------|---------------------|
| 0 none              | 4 quite a lot       |
| 1 a very little     | 5 a great deal      |
| 2 a little          | 6 a very great deal |
| 3 a moderate amount |                     |

How much of the time did you **wheeze** today?

- |                                 |                     |
|---------------------------------|---------------------|
| 0 not at all                    | 4 a lot of the time |
| 1 hardly any of the time        | 5 most of the time  |
| 2 a little of the time          | 6 all the time      |
| 3 a moderate amount of the time |                     |

Please **score** how many puffs of bronchodilator you have used in the **past 24 hours**.

- |             |                      |
|-------------|----------------------|
| 0 none      | 4 9–12 puffs         |
| 1 1–2 puffs | 5 13–16 puffs        |
| 2 3–4 puffs | 6 More than 16 puffs |
| 3 5–8 puffs |                      |

**\*Scoring PEFs.** Patients record actual PEF values each day in the diary. Conversion to the scoring system below may either be done within a computer data base or by hand by the clinic staff.

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