

## Control of Allergic Rhinitis and Asthma Test

Please mark the following boxes with a cross (☒).

Due to your allergic respiratory diseases (asthma, rhinitis, allergies) in the last four weeks, on average, **how many times did you have:**

	Never	Up to 2 days per week	More than 2 days per week	Almost every day
1. Blocked nose?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Sneezing?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Itchy nose?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Runny nose?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5. Shortness of breath/dyspnoea?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. Wheezing in the chest?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7. Chest tightness upon physical exercise?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8. Tiredness/ limitations in doing daily tasks because of your allergic respiratory diseases?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9. Woke up during the night?	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

In the last <u>4 weeks</u> how many times did you:	I'm not taking any medicines	Never	Less than 7 days	7 or more days
1. increased the use (dosage or frequency) of your medicines because of your allergic respiratory diseases (asthma, rhinitis, allergies)?	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 0

\_\_\_\_\_ Score  
(Sum of all 10 questions, 0 - worst, best - 30)

Date \_\_\_ / \_\_\_ / \_\_\_