THE ALLERGY and ASTHMA CLINIC

PATIENT:________________________ **DATE:**________________________

1. Were there any problems with your last injection?
   No Yes; please explain.____

2. Since your last injection, has there been any decline in your allergy and asthma?
   No Yes; please explain.____

3. Have there been any changes in your medications or your medical condition? No Yes, please explain:

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ASTHMA CONTROL TEST:

STEP 1: Write the number of each answer in the score box provided.
STEP 2: Add the score boxes for your total.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

All of the time	Most of the time	Some of the time	A little of the time	None of the time	Score
1	**2**	**3**	**4**	**5**	

2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	Once a day	3-6 times a week	Once or twice a week	Not at all	
1	**2**	**3**	**4**	**5**	

3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	2-3 nights a week	Once a week	Once or twice	Not at all	
1	**2**	**3**	**4**	**5**	

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol)?

3 or more times per day	1 or 2 times a day	2-3 three times per week	Once a week or less	Not at all	
1	**2**	**3**	**4**	**5**	

5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	Poorly controlled	Somewhat controlled	Well-controlled	Completely controlled	
1	**2**	**3**	**4**	**5**	

Total

*****I understand that it is mandatory that I have an adrenaline auto-injector with me when I receive treatment with Xolair or Nucala and that I need to continue to carry this device with me for at least the next 24 hours after my Xolair or Nucala injection(s).**

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Patient Signature

COMMON SIGNS and SYMPTOMS OF ANAPHYLAXIS:
Hives, swelling, wheezing, chest tightness, shortness of breath, trouble breathing, feeling faint, trouble swallowing, vomiting, diarrhea, abdominal cramping.

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