

# 哮喘控制測試

提供數字得分以評估哮喘控制效果的快速測試。限成年人和 12 歲及以上的兒童使用。

**第一步** 回答每一個問題，並在每個問題右側的成績方框中寫下答案號碼。

**第二步** 將您的答案號碼加起來，並在以下所示總成績方框中寫下您的總成績。

**第三步** 下次赴診時攜帶此測試表單，與您的醫生討論測試結果。

SAN FRANCISCO  
HEALTH PLAN™



Here for you

**PROVIDERS:**  
See reverse for instructions.

1. 在過去四週內，哮喘導致您無法正常工作、無法正常上學和無法在家裡正常活動的時間有多少？  
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?

成績  
SCORE

1 全部時間  
ALL OF THE TIME

2 大部分時間  
MOST OF THE TIME

3 有時  
SOME OF THE TIME

4 很少  
A LITTLE OF THE TIME

5 沒有  
NONE OF THE TIME

\_\_\_\_\_

2. 在過去四週內，您發生呼吸急促的頻率如何？  
DURING THE PAST 4 WEEKS, HOW OFTEN HAVE YOU HAD SHORTNESS OF BREATH?

1 多於一天一次  
MORE THAN ONCE A DAY

2 一天一次  
ONCE A DAY

3 一週 3 至 6 次  
3 TO 6 TIMES A WEEK

4 一週一兩次  
ONCE OR TWICE A WEEK

5 沒有發生過  
NOT AT ALL

+

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3. 在過去四週內，哮喘症狀（氣喘、咳嗽、呼吸急促、胸緊或疼痛）導致您晚上醒來或早晨比往常醒得早的頻率是如何？  
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?

1 一週四晚  
或以上  
4 OR MORE NIGHTS A WEEK

2 一週二三晚  
2 OR 3 NIGHTS A WEEK

3 一週一晚  
ONCE A WEEK

4 一晚或兩晚  
ONCE OR TWICE

5 沒有發生過  
NOT AT ALL

+

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4. 在過去四週內，您使用急救吸入器或霧化吸入藥物（如沙丁胺醇）的頻率如何？  
DURING THE PAST 4 WEEKS, HOW OFTEN HAVE YOU USED YOUR RESCUE INHALER OR NEBULIZER MEDICATION (SUCH AS ALBUTEROL)?

1 每天三次  
或更多  
3 OR MORE TIMES PER DAY

2 每天一兩次  
1 OR 2 TIMES PER DAY

3 每週二三次  
2 OR 3 TIMES PER WEEK

4 一週一次  
ONCE A WEEK

5 沒有使用過  
NOT AT ALL

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5. 您如何評價您過去四週的哮喘控制情況？  
HOW WOULD YOU RATE YOUR ASTHMA CONTROL DURING THE PAST 4 WEEKS?

1 根本沒有  
控制住  
NOT CONTROLLED AT ALL

2 控制效果很差  
POORLY CONTROLLED

3 控制起了  
些作用  
SOMEWHAT CONTROLLED

4 控制得很好  
WELL CONTROLLED

5 完全得到控制  
COMPLETELY CONTROLLED

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如果您的成績為 19 或更低，則您的哮喘可能沒有得到控制。務必與您的醫生討論您的測試結果。

總  
TOTAL

\_\_\_\_\_

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使用隨附的帶有回信地址的信封郵寄完成的並簽字的表單，或將該表單透過傳真 1(415) 615-4547 傳送給我們。

獲取一張  
**\$25**  
禮品卡

我們收到表單後會寄給您一張 \$25 的禮品卡。從我們收到您的表單到您收到禮品卡可能需要 4-6 週的時間。

您在每一個日曆年接受所有測試，僅可獲贈一張禮品卡。

必須完成所有表單，並由您的醫生在表單上簽字。

選取一項：



\$25  
TARGET



\$25  
Walgreens

## MEMBER INFORMATION

會員姓名: \_\_\_\_\_

街道地址: \_\_\_\_\_

城市, 州, 郵遞區號: \_\_\_\_\_

SFHP ID 號碼: \_\_\_\_\_

## PRIMARY CARE PROVIDER INFORMATION

Provider Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

X

PROVIDER SIGNATURE

DATE

## Asthma Control Test

A quick test that provides a numerical score to assess asthma control. **For adults and children 12 years or older.**

**STEP 1:** Answer each question and write the answer number in the SCORE box to the right of each question.

**STEP 2:** Add your answers and write your total score in the TOTAL box shown below.

**STEP 3:** Take this test form to your next appointment and discuss your results with your provider.

If your score is 19 or less, your asthma may not be under control. Be sure to talk with your provider about your results.