Asthma Impairment and Risk Questionnaire (AIRQ™)

For use by health care providers with their patients 12 years and older who have been diagnosed with asthma. AIRQ™ is intended to be part of an asthma clinic visit.

Please answer all of the questions below.

In the past 2 weeks, has coughing, wheezing, shortness of breath, or chest tightness:

1. Bothered you during the day on more than 4 days?  
2. Woke you up from sleep more than 1 time?  
3. Limited the activities you want to do every day?  
4. Caused you to use your rescue inhaler or nebulizer every day?

In the past 2 weeks:

5. Did you have to limit your social activities (such as visiting with friends/relatives or playing with pets/children) because of your asthma?  
6. Did coughing, wheezing, shortness of breath, or chest tightness limit your ability to exercise?  
7. Did you feel that it was difficult to control your asthma?

In the past 12 months, has coughing, wheezing, shortness of breath, or chest tightness:

8. Caused you to take steroid pills or shots, such as prednisone or Medrol**?  
9. Caused you to go to the emergency room or have unplanned visits to a health care provider?  
10. Caused you to stay in the hospital overnight?

What Does My AIRQ™ Score Mean?

The AIRQ™ is meant to help your health care providers talk with you about your asthma control. The AIRQ™ does not diagnose asthma. Whatever your AIRQ™ score (total YES answers), it is important for your health care team to discuss the number and answers to each of the questions with you. All patients with asthma, even those who may be well-controlled, can have an asthma attack. As asthma control worsens, the chance of an asthma attack increases. Only your medical provider can decide how best to assess and treat your asthma.

0-1 Very Poorly Controlled  
2-4 Not Well-controlled  
5-10 Well-controlled

Total YES Answers

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