



ASTHMA CLINIC EXPERIENCE (ACE) QUESTIONNAIRE

During your visit, you filled out the **Asthma Impairment and Risk Questionnaire (AIRQ®)**. Please answer the following questions, keeping in mind how your answers to the AIRQ® may have affected your clinic experience.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. The AIRQ® helped me discuss my asthma with my health care provider(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. I received information about my asthma that helped me better understand my condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. I received information about my asthma medications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. My health care provider(s) explained the results of tests that I have taken for my asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was told the reason why tests for my asthma were ordered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I was given information about additional care that I need for my asthma.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was included in making decisions about my asthma treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. The time spent with my health care provider(s) today discussing my asthma was better compared to my last visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide any additional comments you have about your visit or AIRQ®:
