Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

ATAQ

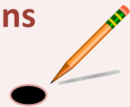
Asthma Therapy Assessment (Ages 5-17)

Please answer every question.

PLEASE PRINT PATIENT'S LAST NAME

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month Day Year

In the past 4 weeks, did your child:

Have wheezing or difficulty breathing when exercising? yes ◯ no ◯ unsure ◯

Have wheezing or difficulty breathing when NOT exercising? yes ◯ no ◯ unsure ◯

Wake up at night with wheezing or difficulty breathing? yes ◯ no ◯ unsure ◯

Miss days of school because of his / her asthma? yes ◯ no ◯ unsure ◯

Miss any daily activities (such as playing, going to a friend's house, or any family activity) **because of asthma?** yes ◯ no ◯ unsure ◯

Inhaler or nebulizer for quick relief

Does your child use an inhaler or a nebulizer for quick relief from asthma symptoms? yes ◯ no ◯ unsure ◯

If yes, in the past 4 weeks, what was the greatest number of times in 1 day your child used this inhaler / nebulizer?

0 ◯
1 to 2 ◯
3 to 4 ◯
5 to 6 ◯
more than 6 ◯

Inhaler for control

Has your child ever had a prescription for an asthma medicine that is NOT used for quick relief but is used to control his / her asthma? yes ◯ no ◯ unsure ◯

If yes, which statement best describes how your child takes this medicine now?

takes it every day ◯
takes it some days, but not other days ◯
used to take it, but now does not ◯
only takes it when he / she has symptoms ◯
never takes it ◯

Current treatment

Are you dissatisfied with any part of your child's current asthma treatment? yes ◯ no ◯ unsure ◯

Do you believe that:

Your child's asthma was well controlled in the past 4 weeks? yes ◯ no ◯ unsure ◯

Your child is able to take asthma medicine(s) as directed? yes ◯ no ◯ unsure ◯

Your child's medicine(s) is useful in controlling his / her asthma? yes ◯ no ◯ unsure ◯

Today's visit

During this office visit, would you like your doctor to discuss any of the following?
Mark all that apply.

different types of drugs available to control asthma ◯
your child's asthma treatment options ◯
how your child prefers to take his / her asthma medicine(s) ◯
other issue(s) ◯

Licensed Under U.S. Patent Nos. 7,487,102
and 7,941,328 from Willis Technologies, LLC

Copyright © 2011 Merck Sharp & Dohme Corp., a subsidiary of **Merck & Co., Inc.** All rights reserved.
Copyright © PatientLink Form-721 (Rev. 12/21/2012)

SAMPLE