Student Name ___________________________________________________________________________

Open Airways Facilitators may fold or tear along this line to submit de-identified data after completing the Unique ID field.

**Facilitator Section**

Student Unique ID_________________ Date __________
School/Location Name

Did the student complete Q1-Q4 (below) independently?

☐ No – I provided assistance (e.g., by reading the questions aloud)
☐ Yes – the student completed this independently, without any assistance

Facilitators should complete the fields above. Write out the full school name, do not use abbreviations.

**Asthma Control Test from GlaxoSmithKline**

1. How is your asthma today?

2. How much of a problem is your asthma when you run, exercise or play sports?

3. Do you cough because of your asthma?

4. Do you wake up during the night because of your asthma?