



Patient Name: _____

MRN: _____ DOB: _____

Asthma Control Test

The test below can help people with asthma, 12 years of age and older, assess their asthma control.

Please check **ONE** answer for each of the five questions below. Be sure to review your results with your healthcare professional.

1. In the past four weeks, how much of the time did your asthma keep you from getting as much done at work or at home?

- | | |
|---|---|
| <input type="checkbox"/> none of the time | <input type="checkbox"/> some of the time |
| <input type="checkbox"/> a little of the time | <input type="checkbox"/> most of the time |
| | <input type="checkbox"/> all of the time |

2. During the past four weeks, how often have you had shortness of breath?

- | | |
|--|---|
| <input type="checkbox"/> not at all | <input type="checkbox"/> 3 to 6 times a week |
| <input type="checkbox"/> one or twice a week | <input type="checkbox"/> once a day |
| | <input type="checkbox"/> more than once a day |

3. During the past four 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?

- | | |
|--|--|
| <input type="checkbox"/> not at all | <input type="checkbox"/> once a week |
| <input type="checkbox"/> once or twice | <input type="checkbox"/> 2 to 3 nights a week |
| | <input type="checkbox"/> 4 or more nights a week |

4. During the past four weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

- | | |
|--|--|
| <input type="checkbox"/> not at all | <input type="checkbox"/> a few times a week |
| <input type="checkbox"/> once a week or less | <input type="checkbox"/> 1 or 2 times per day |
| | <input type="checkbox"/> 3 or more times per day |

5. How would you rate your asthma control during the past four weeks?

- | | |
|--|--|
| <input type="checkbox"/> completely controlled | <input type="checkbox"/> somewhat controlled |
| <input type="checkbox"/> well controlled | <input type="checkbox"/> poorly controlled |
| | <input type="checkbox"/> not controlled at all |

TOTAL SCORE _____