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. Top of Form

- 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?
 - O none of the time
 - O a little of the time
 - O some of the time
 - O most of the time
 - O all of the time
- 2. During the past four weeks, how often have you had shortness of breath?
 - O not at all
 - O once or twice a week
 - O 3 to 6 Times a week
 - O once a day
 - O 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?
 - O not at all
 - O once or twice
 - O once a week
 - O 2 to 3 nights a week
 - O 4 or more nights a week
- 4. During the past four weeks, how often have used your rescue inhaler or nebulizer medication (such as albuterol)?
 - O not at all
 - O once a week or less
 - O a few times a week
 - O 1 or 2 times per day
 - O 3 or more times per day

- 5. How would you rate your asthma control during the past four weeks?
 - O completely controlled
 - O well controlled
 - O somewhat controlled
 - O poorly controlled
 - O not controlled at all