

# Asthma Control Test 12yr & up

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Add each score and place it in the total box**

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?

- All of the time[1]  Most of the time[2]  Some of the time[3]  A little of the time[4]  None of the time[5]

**SCORE** \_\_\_\_\_

2. During the past 4 weeks, how often have you had shortness of breath?

- More than once a day[1]  Once a day[2]  3 to 6 times a week[3]  Once or twice a week[4]  Not at all [5]

**SCORE** \_\_\_\_\_

3. During the past 4 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?

- 4 or more nights a week[1]  2 to 3 nights a week[2]  Once a week[3]  Once or twice[4]  Not at all[5]

**SCORE** \_\_\_\_\_

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

- 3 or more times per day [1]  
 1 or 2 times per day [2]  
 2 or 3 times per week [3]  
 Once a week or less [4]  
 Not at all [5]

**SCORE** \_\_\_\_\_

**Total** \_\_\_\_\_