

Name _____

Date of birth _____



Asthma Control Test Score for People 12 years and Older

Step 1: Write the number of each answer in the score box provided.

Step 2: Add the score boxes for your total.

Step 3: Take the test to your doctor to talk about your score.

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

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

Score

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

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

3. During the last 4 weeks, how often did your asthma symptoms wake you up at night or earlier than usual?

1	2	3	4	5
4 or more nights a week	2 or 3 nights a week	Once a week	Once or twice	Not at all

4. During the last 4 weeks, how often have you used your reliever medication?

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

5. How would you rate your asthma control during the past 4 weeks?

1	2	3	4	5
Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled

Total Score

19

If your score is 19 or less, your asthma may not be as controlled as it could be. Talk to your doctor to see if things can be improved.