

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

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

1 More than once a day	2 Once a day	3 3-6 times a week	4 Once or twice a week	5 Not at all
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3. During the last 4 weeks, how often did your asthma symptoms wake you up at night or earlier than usual?

1 4 or more nights a week	2 2 or 3 nights a week	3 Once a week	4 Once or twice	5 Not at all
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4. During the last 4 weeks, how often have you used your reliever medication?

1 3 or more times per day	2 1 or 2 times per day	3 2 or 3 times per week	4 Once a week or less	5 Not at all
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5. How would you rate your asthma control during the past 4 weeks?

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