

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?

<b>1</b> All of the time	<b>2</b> Most of the time	<b>3</b> Some of the time	<b>4</b> A little of the time	<b>5</b> None of the time
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Score

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

<b>1</b> More than once a day	<b>2</b> Once a day	<b>3</b> 3-6 times a week	<b>4</b> Once or twice a week	<b>5</b> 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?

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

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

<b>1</b> Not controlled at all	<b>2</b> Poorly controlled	<b>3</b> Somewhat controlled	<b>4</b> Well controlled	<b>5</b> 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.