



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

Today's Date: \_\_\_\_\_

# ASTHMA CONTROL TEST™

The ASTHMA CONTROL TEST™ is a quick test for people with asthma 12 years and older. It provides a numerical score to help assess asthma control.

- INSTRUCTIONS:** 1. Write the number of each answer in the score box provided.  
2. Add up the score boxes to get the TOTAL.  
3. Discuss your results with your doctor.

					<b>SCORE</b>
<b>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?</b>					.....
All of the time <b>[1]</b>	Most of the time <b>[2]</b>	Some of the time <b>[3]</b>	A little of the time <b>[4]</b>	None of the time <b>[5]</b>	.....
<b>2. During the past 4 weeks, how often have you had shortness of breath?</b>					.....
More than once a day <b>[1]</b>	Once a day <b>[2]</b>	3 to 6 times a week <b>[3]</b>	Once or twice a week <b>[4]</b>	Not at all <b>[5]</b>	.....
<b>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?</b>					.....
4 or more nights a week <b>[1]</b>	2 or 3 nights a week <b>[2]</b>	Once a week <b>[3]</b>	Once or twice <b>[4]</b>	Not at all <b>[5]</b>	.....
<b>4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?</b>					.....
3 or more times per day <b>[1]</b>	1 or 2 times per day <b>[2]</b>	2 or 3 times per week <b>[3]</b>	Once a week or less <b>[4]</b>	Not at all <b>[5]</b>	.....
<b>5. How would you rate your asthma control during the past 4 weeks?</b>					.....
Not controlled at all <b>[1]</b>	Poorly controlled <b>[2]</b>	Somewhat controlled <b>[3]</b>	Well controlled <b>[4]</b>	Completely controlled <b>[5]</b>	.....

**If your score is 19 or less, your asthma may not be as well controlled as it could be. No matter what your score is, share the results with your healthcare provider.**

TOTAL: .....

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