

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

## Asthma Control Test™

Your answers to this 5-question quiz will provide you a score that may help you and your doctor determine if your treatment plan is working or if it might be time for a change.  
If your child is between the ages of 4 and 11 years, please use the Childhood Asthma Control Test.

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?

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

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 to 6 times a week
4. Once or twice a week
5. Not at all

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?

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

Score \_\_\_\_\_

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

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

Score \_\_\_\_\_

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

Score \_\_\_\_\_

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