

Patient's Name: _____ Today's Date: _____

Asthma Control Test™ Is:

- A quick test for people with asthma 12 years and older - it provides a numerical score to help asses asthma control.
- Recognized by the National Institutes of Health (NIH) in its 2007 asthma guidelines
- Clinically validated against specialist assessment with spirometry

PATIENTS

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

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

SCORE

All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5
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 2. During the past **4 weeks**, how often have you had shortness of breath?

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

4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
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 4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer machine (such as albuterol)?

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

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely Controlled	5
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TOTAL
If your scores is 19 or less, your asthma may not be under control.
No matter what your score, share the results with your doctor.

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Healthcare provider:

- Include the Asthma Control Test™ score in your patient's chart to track asthma control.