

Asthma Control Test

Write the number of each answer in the score box provided. Add the score boxes for your total

Q1. During the past 4 weeks, how often did your asthma prevent you from getting as much done at work, school or home?

All of the time Most of the time Some of the time A little of the time None of the time

TOTAL

Q2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day Once a day 3-6 x a week 1-2 x a week Not at all

TOTAL

Q3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, chest tightness, shortness of breath) wake you up at night or earlier than usual in the morning?

4 or more times a week 2-3 times a night Once a week Once or twice Not at all

TOTAL

Q4. During the past 4 weeks, how often have you used your reliever inhaler (usually blue)?

3 or more times a day 1-2 times a day 2-3 x a week Once a week or less Not at all

TOTAL

Q5. How would you rate your asthma control during the past 4 weeks?

Not controlled Poor control somewhat controlled Well controlled Complete control

TOTAL

GRAND TOTAL