

## Asthma Control Test

Asthma Control Test Items					Score
1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, at school or at home?					
All of the time	Most of the time	Some of the time	A little of the time	None of the time	
1	2	3	4	5	
2. During the past 4 weeks, how often have you had shortness of breath?					
More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all	
1	2	3	4	5	
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, a of breath, chest tightness or pain) wake you up at night, or earlier than usual in the morning?					
4 or more nights a week	2 to 3 nights a week	Once a week	Once or twice	Not at all	
1	2	3	4	5	
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication such as (salbutamol)?					
3 or more times per day	1 or 2 times per day	2 or 3 time per week	Once a week or less	Not at all	
1	2	3	4	5	
5. How would you rate your asthma control during the past 4 weeks?					
Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled	
1	2	3	4	5	

### Level of Control:

25	Total Control	16-19	Partial Control
20-24	Control	Less than 16	Uncontrolled