

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Asthma Control Test™

Step 1: Read each question below carefully, circle your score and write it in the box.  
 Step 2: Add up each of your five scores to get your total Asthma Control Test™ score.  
 Step 3: Use the score guide to learn how well you are controlling your asthma

**1. During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?**

All 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>	Score	
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**2. During the past 4 weeks, how often have you had shortness of breath?**

More than once a day	<b>1</b>	Once a day	<b>2</b>	3-6 times a week	<b>3</b>	Once or twice a week	<b>4</b>	Not at all	<b>5</b>	Score	
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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	<b>1</b>	2 – 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>	Score	
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**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	<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>	Score	
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**5. How would you rate your asthma control during the past 4 weeks?**

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>	Score	
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<b>Total Score</b>	
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### What Does Your Score Mean?

**Score: 25 – WELL DONE**

- Your asthma appears to have been UNDER CONTROL over the last 4 weeks.
- However, if you are experiencing any problems with your asthma, you should see your doctor or nurse.

**Score: 20 to 24 – ON TARGET**

- Your asthma appears to have been REASONABLY WELL CONTROLLED during the past 4 weeks.
- However, if you are experiencing symptoms your doctor or nurse may be able to help you.

**Score: less than 20 – OFF TARGET**

- Your asthma may NOT HAVE BEEN CONTROLLED during the past 4 weeks.
- Your doctor or nurse can recommend an asthma action plan to help improve your asthma control.

Office Use: Score added to patient record (code Asthma Control Test)

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