

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

**Asthma Control Test for 12 years and older.**

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?
  - All of the time
  - Most of the time
  - Some of the time
  - A little of the time
  - None of the time
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
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
  - 2 or 3 nights a week
  - Once a week
  - Once or twice
  - Not at all
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?
  - 3 or more times per day
  - 1 or 2 times per day
  - 2 or 3 times per week
  - Once a week or less
  - Not at all
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
6. In the last 12 months, how many times have you had to receive steroids, either oral or injected (not inhaled) for