

## **ASTHMA CONTROL TEST** 12 YEARS AND OLDER

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asthma.com	Name:	Today's Date:
in the astrillia. Com	Name	Today's Date

## ASTHMA CONTROL TEST™

The ASTHMA CONTROL TEST<sup>TM</sup> is a quick test for people with asthma 12 years and older. It provides a numerical score to help assess asthma control.

**INSTRUCTIONS:** 

- 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.	•	the past <b>4 weeks</b> , how much of the time did your <b>asthma</b> keep you from getting as much one at work, school or at home?						
	All of the time [1]	Most of the time [2]	Some of the time [3]	A little of the time <b>[4]</b>	None of the time [5]			
2.	During the past 4 weeks, how often have you had shortness of breath?							
	More than once a day [1]	Once a day <b>[2]</b>	3 to 6 times a week <b>[3]</b>	Once or twice a week [4]	Not at all <b>[5]</b>			
3.	During the past <b>4 v</b> breath, chest tightr	ughing, shortness of e morning?						
	4 or more nights a week [1]	2 or 3 nights a week <b>[2]</b>	Once a week <b>[3]</b>	Once or twice <b>[4]</b>	Not at all [5]			
4.		During the past <b>4 weeks</b> , how often have you used your rescue inhaler or nebulizer medication such as albuterol)?						
	3 or more times per day [1]	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>			
5.	5. 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]			

TOTAL:

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