

## Asthma Control Test for teens 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 1	Most of the time 2	Some of the time 3	A little of the time 4	None of the time 5
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2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day 1	Once a day 2	3 to 6 times a week 3	Once or twice a week 4	Not at all 5
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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 1	2 or 3 nights a week 2	Once a week 3	Once or twice 4	Not at all 5
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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	1 or 2 times per day 2	2 or 3 times per week 3	Once a week or less 4	Not at all 5
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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
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Total score \_\_\_\_\_

Patient name \_\_\_\_\_

Date \_\_\_\_\_

If the score is 19 or less, it may be a sign that asthma is not under control.