

## Take the Asthma Control Test™ and Know Your Asthma Score

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

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

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

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


5. How would you rate your **asthma** control during the **past 4 weeks**?

Not  
controlled  
at all

Poorly  
controlled

Somewhat  
controlled

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