



RESOURCES There's a lot to learn about asthma—let us help you find your way to the information you need.

Asthma Control Test™

Your answers to this 5-question quiz will provide you a score that may help you and your doctor determine if your treatment plan is working or if it might be time for a change.

If your child is between the ages of 4 and 11 years, please use the [Childhood Asthma Control Test](#).

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

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