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