Name:	DOB:	Date:

Asthma Control Test™ Is:

- A quick test that provides a numerical score to assess asthma control.
- Recognized by the National Institutes of Health (NIH) in its 2007 asthma guidelines.
- Clinically validated against spirometry and specialist assessment.2

- For Patients 12 Years and Older: 1. Answer each question and write the answer number in the box to the right of each question.
 - 2. Add your answers and write your total score in the TOTAL box shown below.
 - 3. Discuss your results with your doctor.

	5
During the past 4 weeks, how often have you had shortness of breath?	
More than once a day 2 3 to 6 times 3 Once or twice 4 Not at all	5
During the past 4 weeks , how often did your asthma symptoms (wheezing, coughing, shortness of breath, cheor pain) wake you up at night or earlier than usual in the morning?	t tightness
4 or more nights a week 1 2 or 3 nights 2 Once a week 3 Once or twice 4 Not at all	5
3 or more times per day 1 or 2 times per day 2 or 3 times per week 3 or less 4 Not at all	iterol)?
3 or more 1 1 or 2 times 2 2 or 3 times 2 Once a week	

In the past 12 months, how many emergency department visits have you had due to asthma (that did not result in a hospitalization)?

In the past 12 months, how many inpatient hospitalizations have you had due to asthma?

Copyright 2002, by QualityMetric Incorporated. Asthma Control Test is a trademark of QualityMetric Incorporated. The Asthma Control Test is for people with asthma 12 years and older.

References: 1. US Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3 2007). NIH Item 08-4051. http://www.nhlbi.nih.gov/guidelines/asthma/asthgdin.htm. Accessed September 10, 2007. 2. Nathan RA et al. J Allergy Clin Immunol. 2004;113:59-65.

