

Asthma Control Test™ for teens 12 years and older. Know the score.

If your teen is 12 years or older have him take the test now and discuss the results with your doctor.

Step 1: Write the number of each answer in the score box provided.

Step 2: Add up each score box for your total.

Step 3: Take the test to your doctor to talk about your child's total 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 | 1 | Most of the time | 2 | Some of the time | 3 | A little of the time | 4 | None of the time | 5 |
|-----------------|---|------------------|---|------------------|---|----------------------|---|------------------|---|

SCORE

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 |
|----------------------|---|------------|---|---------------------|---|----------------------|---|------------|---|

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 |
|-------------------------|---|----------------------|---|-------------|---|---------------|---|------------|---|

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 |
|-------------------------|---|----------------------|---|-----------------------|---|---------------------|---|------------|---|

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 |
|-----------------------|---|-------------------|---|---------------------|---|-----------------|---|-----------------------|---|

Total



The American Lung Association supports the Asthma Control Test and does not endorse products.

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What does my child's score mean?

- If your child's score is 19 or less, it may be a sign that your child's or teen's asthma is not controlled as well as it could be.
- If your child's score is 20 or more, your child's asthma may be under control. There are other factors that your child's doctor may consider when assessing your child's asthma control.
- Make an appointment to discuss your child's or teen's asthma score with their doctor. Ask if your child's or teen's asthma treatment plan should be changed.
- Ask your child's or teen's doctor about daily long-term medications that can help control airway constriction and inflammation, the two main causes of asthma symptoms. Many children may need to treat both of these on a daily basis for the best asthma control.