

ALLERGY & ASTHMA CLINIC

Adult and Pediatric Allergy
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Diplomate American Board of Internal Medicine
Board Eligible Allergy and Immunology

Asthma Control Test

Today's Date _____

Patient Name _____ Date of Birth _____

- A. 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?
1. All of the time
 2. Most of the time
 3. Some of the time
 4. A little of the time
 5. None of the time
- B. During the past 4 weeks, how often have you had shortness of breath?
1. More than once a day
 2. Once a day
 3. 3 to 6 times a week
 4. Once or twice a week
 5. None at all
- C. 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?
1. 4 or more nights a week
 2. 2 or 3 nights a week
 3. Once a week
 4. Once or twice
 5. Not at all.
- D. During the past 4 weeks, how often have you used your rescuer inhaler or nebulizer medicine (Such as Albuterol)?
1. 3 or more times per day
 2. 1 or 2 times per day
 3. 2 or 3 times per week
 4. Once a week or less
 5. Not at all
- E. How often would you rate your asthma control during the past 4 weeks?
1. Not controlled at all
 2. Poorly controlled
 3. Somewhat controlled
 4. Well controlled
 5. Completely controlled

ACT Score _____