

PREGNANCY 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 or at home?					Score
All of the time	Most of the time	Some of the time	A little of the time	None of the time	
1	2	3	4	5	
2. During the past 4 weeks, how often did you have shortness of breath due to your asthma?					
More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all	
1	2	3	4	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	2 or 3 nights a week	Once a week	Once or twice	Not at all	
1	2	3	4	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 to 2 times per day	2 to 3 times per week	Once or twice	Not at all	
1	2	3	4	5	
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	
1	2	3	4	5	
Total Score					

*If the sum of your individual scores is 19 or less, your asthma may not be controlled as well as it could be.
Talk with your doctor.*