

# The Asthma Assessment Scale is:

- ✦ A quick test that offers a numerical score to assess asthma control.
- ✦ Clinically validated against spirometry and specialist assessment.

## PATIENTS:

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. Talk about your results with your doctor.

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: <u>1</u>	Most of the time: <u>2</u>	Some of the time: <u>3</u>	A little bit of the time: <u>4</u>	None of the time: <u>5</u>
------------------------------	-------------------------------	-------------------------------	---------------------------------------	-------------------------------

2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day: <u>1</u>	Once a day: <u>2</u>	3 to 6 times a week: <u>3</u>	Once or twice a week: <u>4</u>	Not at all: <u>5</u>
-----------------------------------	-------------------------	----------------------------------	-----------------------------------	-------------------------

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: <u>1</u>	2 or 3 nights a week: <u>2</u>	Once a week: <u>3</u>	Once or twice: <u>4</u>	Not at all: <u>5</u>
--------------------------------------	-----------------------------------	--------------------------	----------------------------	-------------------------

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: <u>1</u>	1 or 2 times per day: <u>2</u>	2 or 3 times per week: <u>3</u>	Once a week or less: <u>4</u>	Not at all: <u>5</u>
--------------------------------------	-----------------------------------	------------------------------------	----------------------------------	-------------------------

5. How would you rate your **asthma** control during the past **4 weeks**?

Not controlled at all: <u>1</u>	Poorly controlled: <u>2</u>	Somewhat controlled: <u>3</u>	Well controlled: <u>4</u>	Completely controlled: <u>5</u>
------------------------------------	--------------------------------	----------------------------------	------------------------------	------------------------------------

<u>Score</u>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<u>Total</u>
<input type="text"/>

Your asthma may not be under control if your score is 19 or less.

	Current Medications	New Action Plan
<b>Green</b>		
<b>Yellow</b>		
<b>Red</b>		