

FOR PATIENTS:

Take the Asthma Control Test™ (ACT) for people 12 yrs and older.

Know your score. Share your results with your doctor.

- Step 1 Write the number of each answer in the score box provided.
Step 2 Add the score boxes for your total.
Step 3 Take the test to the doctor to talk about your score.

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|---|-----------------------------|--------------------------|---------------------------|--------------------------|---------------------------|-------------------------------|
| 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 <input type="text"/> |
| 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) | <input type="text"/> |
| 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) | <input type="text"/> |
| 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) | <input type="text"/> |
| 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) | <input type="text"/> |
| | | | | | | TOTAL <input type="text"/> |

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If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.

FOR PHYSICIANS:

The ACT is: