

Enter Name _____
 Enter Address _____
 Enter City/State/Zip _____

Today's Date: _____
 Patient's Name: _____

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.

<p>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?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">All of the time</td> <td style="width: 10%; text-align: center;">①</td> <td style="width: 20%;">Most of the time</td> <td style="width: 10%; text-align: center;">②</td> <td style="width: 20%;">Some of the time</td> <td style="width: 10%; text-align: center;">③</td> <td style="width: 10%; background-color: #cccccc;">A little of the time</td> <td style="width: 10%; text-align: center;">④</td> <td style="width: 10%; background-color: #cccccc;">None of the time</td> <td style="width: 10%; text-align: center;">⑤</td> </tr> </table>	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	<p>SCORE</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
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		
<p>2. During the past 4 weeks, how often have you had shortness of breath?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">More than once a day</td> <td style="width: 10%; text-align: center;">①</td> <td style="width: 20%;">Once a day</td> <td style="width: 10%; text-align: center;">②</td> <td style="width: 20%;">3 to 6 times a week</td> <td style="width: 10%; text-align: center;">③</td> <td style="width: 10%; background-color: #cccccc;">Once or twice a week</td> <td style="width: 10%; text-align: center;">④</td> <td style="width: 10%; background-color: #cccccc;">Not at all</td> <td style="width: 10%; text-align: center;">⑤</td> </tr> </table>	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	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
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		
<p>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?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">4 or more nights a week</td> <td style="width: 10%; text-align: center;">①</td> <td style="width: 20%;">2 or 3 nights a week</td> <td style="width: 10%; text-align: center;">②</td> <td style="width: 20%;">Once a week</td> <td style="width: 10%; text-align: center;">③</td> <td style="width: 10%; background-color: #cccccc;">Once or twice</td> <td style="width: 10%; text-align: center;">④</td> <td style="width: 10%; background-color: #cccccc;">Not at all</td> <td style="width: 10%; text-align: center;">⑤</td> </tr> </table>	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	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
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		
<p>4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">3 or more times per day</td> <td style="width: 10%; text-align: center;">①</td> <td style="width: 20%;">1 or 2 times per-day</td> <td style="width: 10%; text-align: center;">②</td> <td style="width: 20%;">2 or 3 times per week</td> <td style="width: 10%; text-align: center;">③</td> <td style="width: 10%; background-color: #cccccc;">Once a week or less</td> <td style="width: 10%; text-align: center;">④</td> <td style="width: 10%; background-color: #cccccc;">Not at all</td> <td style="width: 10%; text-align: center;">⑤</td> </tr> </table>	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	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
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		
<p>5. How would you rate your asthma control during the past 4 weeks?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Not controlled at all</td> <td style="width: 10%; text-align: center;">①</td> <td style="width: 20%;">Poorly controlled</td> <td style="width: 10%; text-align: center;">②</td> <td style="width: 20%;">Somewhat controlled</td> <td style="width: 10%; text-align: center;">③</td> <td style="width: 10%; background-color: #cccccc;">Well controlled</td> <td style="width: 10%; text-align: center;">④</td> <td style="width: 10%; background-color: #cccccc;">Completely controlled</td> <td style="width: 10%; text-align: center;">⑤</td> </tr> </table>	Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤		
	<p>TOTAL</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>										

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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:

- A simple, 5-question tool that is self-administered by the patient
- Recognized by the National Institutes of Health
- Clinically validated by specialist assessment and spirometry¹