Take this Asthma Control Test™ (ACT) and discuss the result with your doctor.

This survey was designed to help you describe your asthma, and the way your asthma affects how you feel and what you are able to do. To complete it, please mark an X in the box that best describes your answer to each question.

| In the past 4 weeks, how much of the time did your <u>asthma</u> keep you from getting as much done as usual at work, school, or at home? | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------|------------------------|-----------------------|-------|
| | 2 | _3 | | 5 | |
| All of the time | Most of the time | Some of the time | A little of the time | None of the time | Score |
| 2. During the past 4 weeks, how often have you had shortness of breath? | | | | | |
| | 2 | 3 | | 5 | |
| More than once a day | Once a day | 3 to 6 times a week | One or twice a week | Not at all | Score |
| 3. During the <u>past 4 weeks</u> , how often did your <u>asthma</u> symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning? | | | | | |
| | 2 | | | 5 | |
| 4 or more nights a week | 2 to 3 nights a week | Once a week | One or twice | Not at all | Score |
| 4. During the <u>past 4 weeks</u> , how often have you used your rescue inhaler or nebulizer medication (such as albuterol)? | | | | | |
| | 2 | | | 5 | |
| 3 or more times per day | 1 or 2 times per day | 2 or 3 times per week | Once a week or less | Not at all | Score |
| 5. How would you rate your <u>asthma</u> control during the <u>past 4 weeks</u> ? | | | | | |
| | 2 | _3 | | 5 | |
| Not controlled at all | Poorly controlled | Somewhat controlled | Well controlled | Completely controlled | Score |
| Total score: | | | | | |

To score the Asthma Control Test (ACT): Each response to the 5 ACT questions has a point value from 1 to 5 as shown on the form. To score the ACT, add up the point values for each response to all five questions.

If your total point value is 19 or below, your asthma may not be well controlled. Be sure to talk to your health care professional about your asthma score.

For more information on the ACT, or for help interpreting or scoring the test, visit www.qualitymetric.com.

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