

Enter Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

Enter Address \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Enter City/State/Zip \_\_\_\_\_

### 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.

1. In the past <b>4 weeks</b> , how much of the time did your <b>asthma</b> keep you from getting as much done at work, school or at home?					<b>SCORE</b> <input style="width: 40px; height: 25px;" type="text"/>					
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
2. During the past <b>4 weeks</b> , how often have you had shortness of breath?						<input style="width: 40px; height: 25px;" type="text"/>				
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
3. During the past <b>4 weeks</b> , how often did your <b>asthma</b> symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?						<input style="width: 40px; height: 25px;" type="text"/>				
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	
4. During the past <b>4 weeks</b> , how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?					<input style="width: 40px; height: 25px;" type="text"/>					
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	
5. How would you rate your <b>asthma</b> control during the <b>past 4 weeks</b> ?					<input style="width: 40px; height: 25px;" type="text"/>					
Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5	
					<b>TOTAL</b> <input style="width: 40px; height: 25px;" 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:

- A simple, 5-question tool that is self-administered by the patient
- Clinically validated by specialist assessment and spirometry<sup>1</sup>
- Recognized by the National Institutes of Health

Reference: 1. Nathan RA et al. *J Allergy Clin Immunol.* 2004;113:59-65.