

## ASTHMA CONTROL TEST™ (ACT) for people 12 years and older

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 your Care Provider to talk about your score.

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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span>	Most of the time <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span>	Some of the time <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span>	A little of the time <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span>	None of the time <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span>
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2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span>	Once a day <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span>	3 to 6 times a week <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span>	Once or twice a week <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span>	Not at all <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span>
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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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span>	2 or 3 nights a week <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span>	Once a week <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span>	Once or twice <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span>	Not at all <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span>
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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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span>	1 or 2 times per day <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span>	2 or 3 times per week <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span>	Once a week or less <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span>	Not at all <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span>
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5. How would you rate your **asthma** control during the **past 4 weeks**?

Not controlled at all <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span>	Poorly controlled <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span>	Somewhat controlled <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span>	Well controlled <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span>	Completely controlled <span style="border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span>
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If your Total score is **19 or less**, your asthma may not be controlled as well as it could be. Talk to your Care Provider. ➔

**SCORE**

**TOTAL**

