

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 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)

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)

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)

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)

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)

SCORE

TOTAL

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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

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

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