

If you have asthma please take this **Asthma Control Test (ACT)**.

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 and “X” in the box that best describes your answer to each question.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done as usual at work, school, or at home?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
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?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all	Score

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?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
4 or more nights a week	2 to 3 nights a week	One night a week	One or two nights in the last 4 weeks	Not at all	Score

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
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 asthma control during the past 4 weeks?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>
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 you asthma score.

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

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