

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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 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

SCORE

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

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