For Patients

**Take the Asthma Control Test™ (ACT) for people 12 years 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 a week [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]

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
- Recognized by the National Institutes of Health