

ASTHMA CONTROL TEST™

Know your score

The Asthma Control Test™ provides a numerical score to help you and your healthcare provider determine if your asthma symptoms are well controlled.

Take this test if you are 12 years or older. Share the score with your healthcare provider.

Step 1: Write the number of each answer in the score box provided.

Step 2: Add up each score box for the total.

Step 3: Take the completed test to your healthcare provider to talk about your score.

If your score is 19 or less, your asthma symptoms may not be as well controlled as they could be. No matter what the score, bring this test to your healthcare provider to talk about the results.


						SCORE
1. In the <u>past 4 weeks</u> , how much of the time did your <u>asthma</u> 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 <u>past 4 weeks</u> , 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 <u>past 4 weeks</u> , 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 to 3 nights a week [2]	Once a week [3]	Once or twice [4]	Not at all [5]
4. During the <u>past 4 weeks</u> , 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 symptoms may not be as well controlled as they could be. No matter what your score is, share the results with your healthcare provider.

TOTAL:

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These questions are not part of the ACT, but will help us to understand how well your asthma is controlled.

1. Number of Emergency Department/Emergency Room visits in the last 12 months directly related to asthma? _____
2. How many times were you in the hospital because of your asthma in the last 12 months? _____
3. Have you used any oral steroids since your last appointment? **Yes** **No** If yes, how many times? _____