

ASTHMA CONTROL TEST™

This survey was designed to help you describe your asthma and how your asthma affects how you feel and what you are able to do. To complete it, mark an **X** in the circle that best describes your answer.

To score the ACT: Answer each question and write the answer number in the box to the right of each question. Add your answers and write your total score in the **TOTAL** box shown below. Discuss the results with your doctor.

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 home?

All of the time	1 <input type="radio"/>	Most of the time	2 <input type="radio"/>	Some of the time	3 <input type="radio"/>	A little of the time	4 <input type="radio"/>	None of the time	5 <input type="radio"/>
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SCORE

2. During the past **4 weeks**, how often have you had shortness of breath?

More than once a day	1 <input type="radio"/>	Once a day	2 <input type="radio"/>	3 to 6 times a week	3 <input type="radio"/>	Once or twice a week	4 <input type="radio"/>	Not at all	5 <input type="radio"/>
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3. During the past **4 weeks**, how often did your asthma symptoms (wheezing, coughing, shortness of breath, tightness or pain) wake you up at night or earlier than usual in the morning?

4 or more nights a week	1 <input type="radio"/>	2 to 3 nights a week	2 <input type="radio"/>	Once or twice	3 <input type="radio"/>	Once a week	4 <input type="radio"/>	Not at all	5 <input type="radio"/>
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4. During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as Salbutamol)?

3 or more times per day	1 <input type="radio"/>	1 or 2 times per day	2 <input type="radio"/>	2 to 3 times a week	3 <input type="radio"/>	Once a week or less	4 <input type="radio"/>	Not at all	5 <input type="radio"/>
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5. How would you rate your asthma control during the **past 4 weeks**?

Not controlled at all	1 <input type="radio"/>	Poorly controlled	2 <input type="radio"/>	Somewhat controlled	3 <input type="radio"/>	Well controlled	4 <input type="radio"/>	Completely controlled	5 <input type="radio"/>
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TOTAL

**19
or less**

If your score is 19 or less, it may be a sign your asthma is not controlled as well as it could be. No matter what the score, bring this test to your doctor to talk about your results.

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