Enter Name	Today's Date:
Enter Address	Patient's Name:
Enter 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.

All of		Most of	time did your asthma keep you from getting as much done at work, school or at home? Some of Carrier of Carrie	SCORE
the time	(1)	the time	the time (3) the time (4) the finite (5)	
2. During the p	ast 4 wee	eks, how often	have you had shortness of breath?	
More than once a day	1	Once a day	2 3 to 8 times 3 cycles 4 a week 5 times cycles 4	
			id your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or than usual in the morning?	
4 or more nights a week	1	2 or 3 nights a week	2 Once a week 3	
4. During the p	ast 4 wee	ks, 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 or 3 times a times or short or short of the state of th	
5. How would y	ou rate yo	ur asthma con	trol during the past 4 weeks?	
Not controlled at all	1	Poorly controlled	2 Somewhat controlled 3 Fell (4) Exponuately 5	
				TOTAL

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
- Recognized by the National Institutes of Health
- Clinically validated by specialist assessment and spirometry