	Today's Date:
Patient's	Name:

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 up each score box for your total.
- Step 3 Take the test to the doctor to talk about your score.

the past	4 weeks, h	ow much of the	time did yo	our asthma keep	you from	getting as much	done at	work, school or	at home?
of e time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5
uring the	nast 4 we e	eks . how often	have you h	nad shortness o	of breath?				
More than once a day	1	Once a day	2	3 to 6 times	3	Once or twice a week	4	Not at all	5
U	•	,	•	thma symptoms ual in the morni	-	g, coughing, sho	rtness of	breath, chest	tightness
4 or more nights a wee	k 1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
During the	past 4 we	eks , how often	have you ı	used your rescu	e inhaler	or nebulizer med	dication ((such as albut	erol)?
3 or more times ner da	, (1)	1 or 2 times	2	2 or 3 times	3	Once a week	4	Not at all	5
imes per da How would	you rate yo	per day		2 or 3 times per week g the past 4 we		or less	4	Not at all	
ow would	you rate yo	per day our asthma cor Poorly		per week g the past 4 we Somewhat		or less	4	Completely	
How would Not controlle at all	you rate yo	per day our asthma cor Poorly controlled The Asupppression of the controlled of t	ntrol during	per week g the past 4 we Somewhat controlled sociation a Control Test	eks?	or less			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:

- Clinically validated by spirometry and specialist assessment
- Supported by the American Lung Association
- A self-administered, brief, 5-question assessment that can help you assess your patients' asthma during the past 4 weeks