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 the score boxes for your total.

Step 3 Take the test to the doctor to talk about your score.

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 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 6 times a week	3	Once or twice a week	4	Not at all	5	
				thma symptoms ual in the morn Once a week		g, coughing, sho Once or twice	ortness of	breath, chest	tightness	
3 or more	ast 4 we	1 or 2 times	have you	2 or 3 times	ie inhaler	or nebulizer me Once a week	dication (4)	(such as albu Not at all	terol)?	
	1	1 or 2 times per day	2	2 or 3 times per week	3		\bigcirc			
3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week	\bigcirc			

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 spirometry¹
- Recognized by the National Institutes of Health