Asthma Guidance

ASTHMA CONTROL TEST™

Take this Asthma Control Test™ (ACT) and discuss the results with your doctor

This survey was designed to help you describe your asthma, and the way your asthma affects how you feel and what you are able to do. To complete it, please mark an [X] in the box that best describes your answer to each question.

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 at home?

1	2	3	4	5	
All of the time	Most of the time	Some of the time	A little of the time	None of the time	Score

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

1	2	3	4	5	
More than once a day	Once a day	3 to 6 times a week	Once or twice a week	Not at all	Score

3. During the **past 4 weeks**, 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?

1	2	3	4	5	
4 or more nights a week	2 to 3 nights a week	Once a week	Once or twice a week	Not at all	Score

4. During the **past 4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

1	2	3	4	5	
3 or more times a week	1 or 2 times a week	2 to 3 times a week	Once a week or less	Not at all	Score

5. How would you rate your **asthma** control during the **past 4 weeks?**

1	2	3	4	5	
Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled	Score

Total score _____

To score the Asthma Control Test (ACT): Each response to the 5 ACT questions has a point value from 1 to 5 as shown on the form. To score the ACT, add up the point values for each response to all five questions.

If your total point value is 19 or below, your asthma may not be well controlled. Be sure to talk to your health care professional about your asthma score.

For more information on the ACT, or for help interpreting or scoring the test, visit www.qualitymetric.com

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AstraZeneca