Enter Name

Enter Address

Enter City/State/Zip

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	ks , how often	have you	nad shortness o	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 morni		g, coughing, sho	ortness of	breath, chest	tightness
4 or more nights a week	1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
4. During the p	ast 4 wee		have you		e inhaler	or nebulizer me	dication ((such as albu	terol)?
3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5
		ur asthma con	trol durin	g the past 4 we	eks?				
5. How would y	ou rate yo						\sim	Completely	
5. How would y Not controlled at all	ou rate yo	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	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:

- 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

Enter Name

Enter Address

Enter City/State/Zip

Childhood Asthma Control Test for children 4 to 11 years.

This test will provide a score that may help the doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test

- Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your answers. There are no right or wrong answers.
- Step 2 Write the number of each answer in the score box provided.
- Step 3 Add up each score box for the total.
- Step 4 Take the test to the doctor to talk about your child's total score.

Have your child complete these questions.

1. How is your asthma today?



If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to

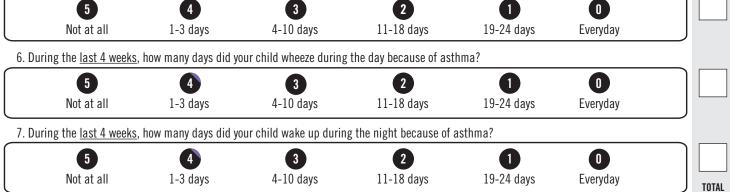
the doctor to talk about the results. SCORE Very bad Rad Good Very good 2. How much of a problem is your asthma when you run, exercise or play sports? It's a big problem, I can't do what I want to do. It's a problem and I don't like it. It's a little problem but it's okay. It's not a problem. 3. Do you cough because of your asthma? Yes, all of the time. Yes, most of the time. Yes, some of the time. No. none of the time.

4. Do you wake up during the night because of your asthma?

O Yes, all of the time.	Yes, most of the time.	2 Yes, some of the time.	3 No, none of the time.	

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?



Today's Date: _____

Patient's Name: