					Today's Date:	
				Patient's	Name:	
hildhaad	A sthme	a Control Tes	t for chi	ldren 4 t	o 11 years	
test will provide a sco w to take the Chi		the doctor determine if your	child's asthma treatr	ment plan is working	or if if might be time for a	change.
p 1 Let your child resp help, but let your	pond to the firs child select the	t four questions (1 to 4). If response. Complete the response. There are no right o	emaining three que			
p 2 Write the number	of each answe	r in the score box provided			If your child's score is 19 o	
p 3 Add up each sco	re box for the to	otal.		or less	may be a sign that you asthma is not controlled	
p 4 Take the test to the	e doctor to talk	about your child's total scor	e.	OI 1633	as it could be. Bring thi	
ve your child co	omplete the	se questions.		t	he doctor to talk about the	results
						sco
			2	-	3	
Very bad		Bad	Good		Very good	J
w much of a problem is yo	our asthma when y	ou run, exercise or play sports?	•	<u>'</u>		
200						
big problem. I can't do w	hat I want to do. I	It's a problem and I don't like it.	It's a little probler	n but it's okav.	It's not a problem.	J
you cough because of you	<u> </u>	•			•	
)
0			2		3	
Yes, all of the time.		Yes, most of the time.	Yes, some o	f the time.	No, none of the time.	J
you wake up during the n	ight because of you	·			,	
	18.11 2004400 01 300					
				,		
Vac all of the time		Vec. most of the time	2	Aho Aimo	No mana of the time	
Yes, all of the time.		Yes, most of the time.	Yes, some of	tile tille.	No, none of the time.	
•	_	questions on your				
ring the <u>last 4 weeks</u> , h	now many days di	id your child have any daytime	e asthma symptoms?			\ <u></u>
5	4	3	2	0	0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	J
ring the <u>last 4 weeks,</u> h	now many days di	id your child wheeze during th	e day because of ast	hma?		
5	4	3	2	0	0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	
ring the last 1 weeks b	now many days di	id your child wake up during t	he night hecause of	asthma?		
	TOW III ally uays u			astillia:		
	1 2 4			10.24		
Not at all	4 1-3 days	3 4-10 days	2 11-18 days	19-24 days	0 Everyday	

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.

or pain) wake you up at night or earlier than usual in the morning? 4 or more nights a week 1 2 or 3 nights 2 once a week 3 or twice 4 Not at all 5 4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)? 3 or more times per day 1 or 2 times per week 2 or 1 times per week 4 Not at all 5	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	
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? 4 or more nights a week 1 2 or 3 nights 2 0nce a week 3 0nce or twice 4 Not at all 5 4. During the past 4 weeks, 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 2 or 3 times per week 3 0nce a week or less 4 Not at all 5 5. How would you rate your asthma control during the past 4 weeks? Not controlled 1 Poorly controlled 2 Somewhat controlled 3 Well controlled 5	2. During the p	oast 4 wee	e ks , how often	have you l	had shortness o	of breath?					
or pain) wake you up at night or earlier than usual in the morning? 4 or more nights a week 1 2 once a week 3 or twice 4 Not at all 5 4. During the past 4 weeks, 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 2 or 3 times per week 3 or less 4 Not at all 5 5. How would you rate your asthma control during the past 4 weeks? Not controlled 1 Poorly controlled 2 Somewhat at all 5 controlled 5		1	Once a day	2		3		4	Not at all	5	
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)? 3 or more times per day 1 or 2 times per day 2 or 3 times per week 3 or less 4 Not at all 5 5. How would you rate your asthma control during the past 4 weeks? Not controlled 1 Poorly controlled 2 Somewhat controlled 3 Well controlled 5				•	, ,		g, coughing, sho	ortness of	f breath, chest	tightness	
3 or more times per day 1 or 2 times per day 2 or 3 times per week 3 or less 4 Not at all 5. How would you rate your asthma control during the past 4 weeks? Not controlled at all 1 Poorly controlled 2 Somewhat controlled 3 Well controlled 5		1		2	Once a week	3		4	Not at all	5	
times per day per day per week or less Not at all 5. How would you rate your asthma control during the past 4 weeks? Not controlled at all Poorly controlled 2 Somewhat controlled 3 Well controlled 5											
Not controlled at all Poorly controlled 2 Somewhat controlled 3 Well controlled 5	4. During the p	oast 4 wee	eks, how often	have you	used your rescu	e inhaler o	or nebulizer me	dication	(such as albu	terol)?	
at all controlled 2 controlled 3 controlled 4 controlled 5	3 or more	oast 4 wee	1 or 2 times		2 or 3 times		Once a week				
TOT	3 or more times per day	1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week				
	3 or more times per day 5. How would y	1 you rate yo	1 or 2 times per day ur asthma con	2 trol during	2 or 3 times per week g the past 4 we Somewhat	3 eks?	Once a week or less Well	4	Not at all	5	
	3 or more times per day 5. How would y	1 you rate yo	1 or 2 times per day ur asthma con	2 trol during	2 or 3 times per week g the past 4 we Somewhat	3 eks?	Once a week or less Well	4	Not at all	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
- Recognized by the National Institutes of Health
- Clinically validated by specialist assessment and spirometry¹