

# ACT NOW

and see if you're getting the most from your asthma medicine

Take the Asthma Control Test™ (ACT™) to find out.

Please answer these questions as honestly as possible. Your answers will help you and your doctor figure out whether your asthma is as well controlled as it could be.

The Asthma Control Test™ (ACT™) is a five question health survey used to measure asthma control in individuals 12 years of age or older. The survey measures the elements of asthma control as defined by the National Heart, Lung, and Blood Institute (NHLBI). ACT™ is an efficient, reliable, and valid method of measuring asthma control with or without lung functioning measures such as spirometry.

# 1

Circle your answer for each question and write the score in the box

- In the past **4 weeks**, how much of the time did your **asthma** keep you from getting as much done at work, school, or home?  
 1 All of the time     2 Most of the time     3 Some of the time     4 A little of the time     5 None of the time
- During the past **4 weeks**, how often have you had shortness of breath?  
 1 More than once a day     2 Once a day     3 3 to 6 times a week     4 Once or twice a week     5 Not at all
- 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 4 or more nights a week     2 2 or 3 nights a week     3 Once a week     4 Once or twice     5 Not at all
- During the past **4 weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol, Ventolin®, Proventil®, or Maxair®)?  
 1 3 or more times a day     2 1 to 2 times a day     3 2 or 3 times a week     4 Once a week or less     5 Not at all
- How would you rate your **asthma** control during the **past 4 weeks**?  
 1 Not controlled at all     2 Poorly controlled     3 Somewhat controlled     4 Well controlled     5 Completely controlled

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# 2

Add up your numbers to get your total score. Turn over for scoring guide

Sticker

# IF YOUR SCORE IS:

# 3

Find out what  
your total  
score means

## 5-19

Your asthma may not be under control. Talk to your doctor about treatment options that might help.

## 20-25

Your asthma appears to be controlled. Remember to discuss your results with your doctor.

**Help make sure you're in control.  
Calculate your ACT™ score regularly.**

This survey is not a diagnostic tool. It is intended to supplement, but not replace or contradict, the advice of your personal physician. If you have any questions or concerns about your health, you should talk to your doctor.

Please ask your doctor to  
affix this sticker to your file.

Total  
ACT™ score

Date: \_\_\_\_\_