Asthma Control Test Caregiver Report (ACT-CR™)

This survey was designed to help you describe your child's asthma and how your child's asthma affects how he or she feels and what they are able to do. To complete it, please mark an ☒ in the one box that best describes how you would describe your child's asthma.

1. In the past 1 week, how much of the time did your child's asthma limit him or her from doing usual physical activities such as running, swimming, sports, walking uphill or upstairs and bicycling?

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

2. During the past 1 week, how often has your child had breathing problems such as wheezing, coughing, or shortness of breath?

3 or more times per day	1 or 2 times per day	2 or 3 times during the week	Once during the week	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

3. During the past 1 week, how often did your child's asthma symptoms (wheezing, coughing, shortness of breath) wake him or her up at night or earlier than usual in the morning?

4 or more nights	3 nights	2 nights	1 night	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. During the past 1 week, how often has your child used his or her rescue inhaler or nebulizer medication (such as Albuterol, Ventolin®, Proventil®, or Maxair®)?

3 or more times per day	1 or 2 times per day	2 or 3 times during the week	Once during the week	Not at all
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. How would you rate your child's asthma control during the past 1 week?

Not Controlled at all	Poorly Controlled	Somewhat Controlled	Well Controlled	Completely Controlled
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

To score the 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 the total point value is 19 or below, your child's asthma may not be well-controlled. Be sure to talk to your child's healthcare professional about your child's asthma score.

Take this survey to your child's healthcare professional and talk about your child's asthma treatment plan.

SAMPLE

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