

ACT NOW

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

Take the Asthma Control Test™ 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.

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 per day 2 Once per day 3 3 to 6 times per week 4 Once or twice per 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 per week 2 2 or 3 nights per week 3 Once per 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)?
 1 3 or more times per day 2 1 to 2 times per day 3 2 or 3 times per week 4 Once per 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

2

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

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

Total ACT score

Date: _____

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

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

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