



Asthma Control Test

Determine your asthma value

ACT Score of 25 – Congratulation!

You have **TOTAL CONTROL** of your asthma. You have no symptoms and no asthma-related limitations. See your doctor or nurse if this changes.

20 to 24 points – within target range

Your Asthma may be well controlled. Your doctor or nurse may be able to help you aim for total control.

Less than 20 points – outside the target range

Your Asthma may **NOT BE CONTROLLED. UNCONTROLLED** asthma can seriously damage your health. Your doctor or nurse can recommend an asthma action plan to help you improve your asthma control.



Asthma Control Test

Questionnaire on asthma control - ACT™

The Asthma Control Test is a SIMPLE TEST suitable for asthma sufferers (aged 12 years and over). The test contains FIVE QUESTIONS that you can complete online or offline.

The results can help you determine the level of control you have over your asthma.

It may be useful for you to discuss your ACT score with your doctor or nurse. It is also a good idea to complete the test at different times of the year. Asthma is a common and treatable disease which can impact heavily on quality of life. Medical experts now agree that the level of asthma control is a key feature when determining the best asthma treatment required. The Asthma Control Test has been conceived by medical asthma experts and scientifically tested on hundreds of asthmatic sufferers. It provides asthma sufferers and their doctors and nurses with a useful score which will help them determine the level of treatment required.

1st step: Please mark the appropriate answer for each question and enter the number of points in the box on the right.

Please answer as honestly as possible. This will help you and your physician to talk about your asthma and find out how severe your asthma actually is.

2nd step: Add your points in order to obtain a total value.

3rd step: You will find out overleaf what your number of points means.

1 In the past 4 weeks, how much of the time did your asthma keep you from getting as much work done at work, school or at home?

All of the time	Most of the time	Some of the time	A little of the time	None of the time	Points
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>

2 During the past 4 weeks, how often have you had shortness of breath?

More than once a day	Once	3-6 times a week	Once or twice a week	Not at all	Points
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>

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 per week	2-3 nights per week	Once per week	Once or twice	Not at all	Points
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>

4 During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as salbutamol) ?

2 or more times per day	1-2 times per day	2-3 times per week	Once per week or less	Not at all	Points
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>

5 How would you rate your asthma control over the past 4 weeks?

Not controlled at all	Poorly controlled	Somewhat controlled	Well controlled	Completely controlled	Points
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="text"/>

Name _____

Date _____

Sum