Today’s Date:

Patient’s Name:

**Take the Asthma Control TestTM (ACT) for people 12 years 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.

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

**SCORE**

**1**

**2**

**3**

**4**

**5**

**All of**

**the time**

**Most of the time**

**Some of the time**

**A little of the time**

**None of the time**

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

**More than once a day**

**1**

**Once a day 2**

**3 to 6 times a week**

**3**

**Once or twice a week**

**4**

**Not at all 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?

**2**

**4 or more nights a week**

**1**

**2 or 3 nights a week**

**Once a week 3**

**Once**

**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**

**Once a week or less**

**4**

**Not at all 5**

**5.** How would you rate your **asthma** control during the **past 4 weeks**?

**Not controlled at all**

**1**

**Poorly controlled**

**2**

**Somewhat controlled**

**Well controlled**

**3**

**Completely controlled**

**4**

**5**

**TOTAL**

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**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

• Clinically validated by specialist assessment and spirometry1

• Recognized by the National Institutes of Health

Reference: 1. Nathan RA et al. J Allergy Clin Immunol. 2004;113:59-65.

DOH 345-341 August 2014

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

Three Visit Model Tool Kit: Appendix 8

Asthma Control Test for Adults

Three Visit Model Tool Kit: Appendix 3

Home Visit 2 Form

Three Visit Model Tool Kit: Appendix 3

Home Visit 2 Form

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Three Visit Model Tool Kit: Appendix 3

Home Visit 2 Form

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Three Visit Model Tool Kit: Appendix 6

Sorry We Missed You Cards