

FOR PATIENTS:

Take the Asthma Control Test™ (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?

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

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
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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 a week	①	2 or 3 nights a week	②	Once a week	③	Once or twice	④	Not at all	⑤
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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
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5. How would you rate your asthma control during the past **4 weeks**?

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

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Asthma Control Test www.asthma.com 2015 GSK group of companies Web 03June2015

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

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