

CHADIS

Asthma: Asthma Control Test (ACT) for People 12 Years and Older

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 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 Once a day 3 to 6 times a week Once or twice a week Not at all

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 2 or 3 nights a week Once a week Once or twice Not at all

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 or 2 times per day 2 or 3 times per week Once a week or less Not at all

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

Not controlled at all Poorly controlled Somewhat controlled Well controlled Completely controlled

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