

Asthma Control Test 1

Please complete the survey below.

Thank you!

Date _____

How old is subject?

- ☐ 4-11
☐ 12 or older

ACT (ages 4-11)

1. How was your Asthma Today?

- ☐ 0-Very Bad
☐ 1-Bad
☐ 2-Good
☐ 3-Very Good

2. How much of a problem is your asthma when you run, exercise or play sports?

- ☐ 0-It's a big problem, I can't do what I want to do.
☐ 1-It's a problem and I don't like it.
☐ 2-It's a problem but it's okay.
☐ 3-It's not a problem.

3. Do you cough because of your asthma?

- ☐ 0-Yes, all the time.
☐ 1-Yes, most of the time.
☐ 2-Yes, some of the time.
☐ 3-No, none of the time.

4. Do you wake up during the night because of your asthma?

- ☐ 0-Yes, all of the time.
☐ 1-Yes, most of the time.
☐ 2-Yes, some of the time.
☐ 3-No, none of the time.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

- ☐ 5 - Not at all
☐ 4 - 1-3 days/mo
☐ 3 - 4-10days/mo
☐ 2 - 11-18 days/mo
☐ 1 - 19-24 days/mo
☐ 0 - Everyday

6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?

- ☐ 5 - Not at all
☐ 4 - 1-3 days/mo
☐ 3 - 4-10days/mo
☐ 2 - 11-18 days/mo
☐ 1 - 19-24 days/mo
☐ 0 - Everyday

7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

- ☐ 5 - Not at all
☐ 4 - 1-3 days/mo
☐ 3 - 4-10days/mo
☐ 2 - 11-18 days/mo
☐ 1 - 19-24 days/mo
☐ 0 - Everyday

ACT (ages 12 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?

- ☐ 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

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

- ☐ 5 - Not at all
☐ 4 - Once or twice a week
☐ 3 - 3 to 6 times a week
☐ 2 - Once a day
☐ 1 - More than once a day

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?

- ☐ 5 - Not at all
☐ 4 - Once or twice
☐ 3 - Once a week
☐ 2 - 2 or 3 nights a week
☐ 1 - 4 or more nights a week

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

- ☐ 5 - Not at all
☐ 4 - Once a week or less
☐ 3 - 2 or 3 times per week
☐ 2 - 1 or 2 times per day
☐ 1 - 3 or more times per day

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

- ☐ 5 - Completely Controlled
☐ 4 - Well Controlled
☐ 3 - Somewhat Controlled
☐ 2 - Poorly Controlled
☐ 1 - Not Controlled at all

ACT Score:

ACT Score:

Are you interested in being contacted by a LSU researcher regarding a study using a HEPA air purifier and vacuum in your home to monitor air quality? If yes, may we share your information with the LSU research team?

- ☐ Yes
☐ No

(Eligibility criteria: 5-17 years old; ACT score 19 or less)