

Asthma Control Test 1

Case ID _____

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:
