Sartell Pediatrics

Please complete BOTH sides of screener.

Asthma Control Test (ACT) Ages 12+

Patient's Full Name First Middle Last	Date of Birth	Today's Date

Test Instructions

1. Write the number of each answer in the score box provided.
2. Add your answers and record your total score.
3. Discuss your results with your provider at your next appointment.

In the last four weeks, how often did your asthma keep you from getting things done at work, school, or home?					
All of the time 1	Most of the time 2	Sometimes 3	Not often 4	Not at all 5	Score:
During the last four weeks, how often have you had shortness of breath?					
More than once a day 1	Once a day 2	3-6 times a week 3	1-2 times a week 4	Not at all 5	Score:
During the last four weeks, how often did your asthma symptoms wake you up at night or earlier than usual?					
4 or more nights a week 1	2-3 nights a week 2	1-2 nights a week 3	Once a week 4	Not at all 5	Score:
During the last four weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?					
3 or more times per day 1	1-2 times per day 2	2-3 times per week 3	Once a week or less 4	Not at all 5	Score:
How would you rate your asthma control over the last four weeks?					
Not Controlled 1	Poorly Controlled 2	Somewhat Controlled 3	Well Controlled 4	Completely Controlled 5	Score:

If your score is 19 or less, your asthma may not be under control. Be sure to discuss these results with your physician.

19 or LESS?

Total Score:

Continue on back.

Additional Discussion Points

*The answers to the questions below will not be added to your total score. These answers should be discussed with your child's physician.

1. Do you use tobacco, including any amount of cigarettes, cigars, pipes, or "chew"?
   - ☐ Tobacco free (does not use tobacco)
   - ☐ Current tobacco user

2. Are you exposed to tobacco or second-hand smoke?
   - ☐ Not exposed to tobacco (not living with a tobacco user)
   - ☐ Exposed to tobacco (lives with at least one tobacco user)

3. In the past 12 months, how many emergency department visits have you had due to asthma (that did not result in hospitalization)? _____

4. In the past 12 months, how many inpatient hospitalizations have you had due to asthma? _____

5. List any triggers for your asthma:

   _____

   _____