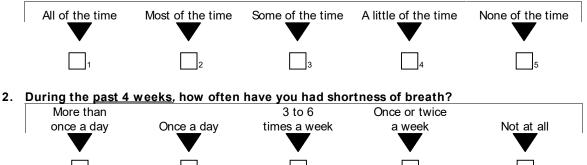
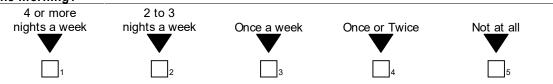
## Asthma Control Test™

This survey was designed to help you describe your asthma and how your asthma affects how you feel and what you are able to do. To complete it, please mark an  $\boxtimes$  in the one box that best describes your answer.

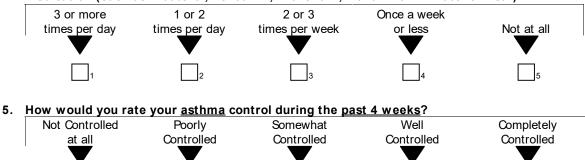
1. In the <u>past 4 weeks</u>, how much of the time did your <u>asthma</u> keep you from getting as much done at work, school or at home?



3. During the <u>past 4 weeks</u>, how often did your <u>asthma</u> symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?



4. During the <u>past 4 weeks</u>, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol, Ventolin<sup>®</sup>, Proventil<sup>®</sup>, Maxair<sup>®</sup> or Primatene Mist<sup>®</sup>)?



To score the ACT

Each response to the 5 ACT questions has a point value from a 1 to 5 as shown on the form. To score the ACT, add up the point values for each response to all five questions.

If your total point value is 19 or below, your asthma may not be well-controlled. Be sure to talk to your healthcare professional about your asthma score.

Take this survey to your healthcare professional and talk about your asthma treatment plan.