



Allergy & Asthma Specialty Clinic

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ASTHMA CONTROL FOR PATIENTS 12 AND OLDER

Today's Date: _____

Total ACT Score: ____/25

Patient Name: _____ Date of Birth: _____

The test below can help people with asthma, 12 years and older, assess their asthma control. Please circle **ONE** answer for each of the five questions below. The following questions apply to the **past four weeks only** and **do not** apply to exercise.

1. In the past four weeks, how much of the time did your asthma keep you from getting as much done at home, school or at work?
 - 5 = None of the time
 - 4 = A little of the time
 - 3 = Some of the time
 - 2 = Most of the time
 - 1 = All of the time

2. During the past four 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 four 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 four 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 four weeks?
 - 5 = Completely controlled
 - 4 = Well controlled
 - 3 = Somewhat controlled
 - 2 = Poorly controlled
 - 1 = Not controlled at all

*****Please answer more questions on the back side of this page**

Please help us meet the terms of the Minnesota Community Measurement for optimal asthma care. Information provided is optional.

1. *Indicate your race/ethnicity:*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Unknown
- Other: _____
- Choose not to disclose

2. *Indicate your primary language:*

- English
- Spanish
- Other: _____
- Choose not to disclose

3. *Indicate your country of origin:*

- United States of America
- Other: _____
- Choose not to disclose

Thank you!