and see if you’re getting the most from your asthma medicine

Take the Asthma Control Test™ (ACT™) to find out. Please answer these questions as honestly as possible. Your answers will help you and your doctor figure out whether your asthma is as well controlled as it could be.

The Asthma Control Test™ (ACT™) is a five question health survey used to measure asthma control in individuals 12 years of age or older. The survey measures the elements of asthma control as defined by the National Heart, Lung, and Blood Institute (NHLBI). ACT™ is an efficient, reliable, and valid method of measuring asthma control with or without lung functioning measures such as spirometry.

Add up your numbers to get your total score. Turn over for scoring guide.

### Asthma Control Test™ (ACT™) © 2002, 2004 QualityMetric Incorporated. All rights reserved. ACT™ is a trademark of QualityMetric Incorporated. Ventolin is a registered trademark of GlaxoSmithKline. Proventil® is a registered trademark of Schering-Plough Corporation. Maxair is a registered trademark of Graceway Pharmaceuticals, LLC.

<table>
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<th>Question</th>
<th>Score Options</th>
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| 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 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?  | 1. More than once a day  
2. Once a day  
3. 3 to 6 times a week  
4. Once or twice a week  
5. Not at all |
| 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? | 1. 4 or more nights a week  
2. 2 or 3 nights a week  
3. Once a week  
4. Once or twice  
5. Not at all |
| 4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol, Ventolin®, Proventil®, or Maxair®)? | 1. 3 or more times a day  
2. 1 to 2 times a day  
3. 2 or 3 times a week  
4. Once a week or less  
5. Not at all |
| 5. How would you rate your asthma control during the past 4 weeks?       | 1. Not controlled at all  
2. Poorly controlled  
3. Somewhat controlled  
4. Well controlled  
5. Completely controlled |
IF YOUR SCORE IS:

3

Find out what your total score means

5-19

Your asthma may not be under control. Talk to your doctor about treatment options that might help.

20-25

Your asthma appears to be controlled. Remember to discuss your results with your doctor.

Help make sure you’re in control. Calculate your ACT™ score regularly.

This survey is not a diagnostic tool. It is intended to supplement, but not replace or contradict, the advice of your personal physician. If you have any questions or concerns about your health, you should talk to your doctor.

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