

Your Name:

Today's date:

Date of Birth:



How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

Blark ink only please.

Example: I am very happy 0 1 2 3 4 5 I am very sad

		SCORE	
I never cough	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I cough all the time	<input type="text"/>
I have no phlegm (mucus) in my chest at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest is completely full of phlegm (mucus)	<input type="text"/>
My chest does not feel tight at all	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	My chest feels very tight	<input type="text"/>
When I walk up a hill or one flight of stairs I am not breathless	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	When I walk up a hill or one flight of stairs I am very breathless	<input type="text"/>
I am not limited doing any activities at home	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am very limited doing activities at home	<input type="text"/>
I am confident leaving my home despite my lung condition	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I am not at all confident leaving my home because of my lung condition	<input type="text"/>
I sleep soundly	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I don't sleep soundly because of my lung condition	<input type="text"/>
I have lots of energy	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	I have no energy at all	<input type="text"/>



Patient/Family Charting _CC

TOTAL SCORE

Today's Date: _____

Patient's Name: _____

FOR PATIENTS:

Take the Asthma Control Test™ (ACT) for people 12 yrs and older.

Know your score. Share your results with your doctor.

Step 1 Write the number of each answer in the score box provided.

Step 2 Add the score boxes for your total.

Step 3 Take the test to the doctor to talk about your score.

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?	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)	SCORE <input type="text"/>
2. During the past 4 weeks , how often have you had shortness of breath?	More than once a day (1)	Once a day (2)	3 to 6 times a week (3)	Once or twice a week (4)	Not at all (5)	<input type="text"/>
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?	4 or more nights a week (1)	2 or 3 nights a week (2)	Once a week (3)	Once or twice (4)	Not at all (5)	<input type="text"/>
4. During the past 4 weeks , how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	3 or more times per day (1)	1 or 2 times per day (2)	2 or 3 times per week (3)	Once a week or less (4)	Not at all (5)	<input type="text"/>
5. How would you rate your asthma control during the past 4 weeks ?	Not controlled at all (1)	Poorly controlled (2)	Somewhat controlled (3)	Well controlled (4)	Completely controlled (5)	<input type="text"/>
						TOTAL <input type="text"/>

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If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.

FOR PHYSICIANS:

The ACT is:

- A simple, 5-question tool that is self-administered by the patient
- Clinically validated by specialist assessment and spirometry¹
- Recognized by the National Institutes of Health