Asthma Control Test

Sheree W. Marilla, MSN, RN, FNP-C
Little River Medical Center
NHLBI Asthma Guidelines 2007

Components of severity:

- Symptoms and objective testing
- FEV₁ and FEV₁/FVC measurement
- Need for short-acting beta-agonist (SABA)
- Nighttime awakenings
- Interference with normal activity
History

- Asthma Control Test (ACT), a patient-based tool for identifying patients with poorly controlled asthma
- Validated instrument
- 5 questions based upon day/night-time symptoms, rescue bronchodilator use and daily activities
- Correlated with specialist’s rating of asthma control: based on History, Physical Exam, and FEV$_1$
- Available in 34 languages other than English
- Answers based on 1 month symptom recall
When do we use it?

- Persistent Asthmatics
- Evaluation of all asthmatics on initial assessment
- Monthly or every 3 month follow up visits
ACT in our practice

- Given to patient upon arrival in room
- Reviewed with patient and parent
- Used in conjunction with physical exam and history
- Increases efficiency of visit
Scoring of ACT

- Score range: 5 point scale
  - 5 (poor control)
  - 25 (complete control of asthma)
  - >19 indicates well controlled
  - Increased scores = greater control
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?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
<th><strong>SCORE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

2. During the past 4 weeks, how often have you had shortness of breath?

<table>
<thead>
<tr>
<th>More than once a day</th>
<th>Once a day</th>
<th>2 to 3 times a week</th>
<th>Once or twice a week</th>
<th>None at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>4 or more nights a week</th>
<th>2 or 3 nights a week</th>
<th>Once a week</th>
<th>Once or twice a week</th>
<th>None at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

<table>
<thead>
<tr>
<th>3 or more times per day</th>
<th>2 or 3 times per day</th>
<th>Once a week</th>
<th>Once or twice a week</th>
<th>None at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. How would you rate your asthma control during the past 4 weeks?

<table>
<thead>
<tr>
<th>Not controlled at all</th>
<th>Partially controlled</th>
<th>Somewhat controlled</th>
<th>Well controlled</th>
<th>Completely controlled</th>
<th><strong>TOTAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

---

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 spirometry
- Recognized by the National Institutes of Health

---

ACT ages 12 and above

- Patient answers the following questions
  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?
  2. During the past 4 weeks, how often have you had shortness of breath?
  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. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?
  5. How would you rate your asthma control during the past 4 weeks?
Childhood Asthma Control Test for children 4 to 11 years.

This test will provide a score that may help the doctor determine if your child’s asthma treatment plan is working or if it might be time for a change.

How to take the Childhood Asthma Control Test
Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child’s response influence your answers. There are no right or wrong answers.

Step 2 Write the number of each answer in the score box provided.
Step 3 Add up each score box for the total.
Step 4 Take the test to the doctor to talk about your child’s total score.

Have your child complete these questions.

1. How is your asthma today?

   - Very bad
   - Bad
   - Good
   - Very good

2. How much of a problem is your asthma when you run, exercise or play sports?

   - It’s a big problem. I can’t do what I want to do.
   - It’s a problem and I don’t like it.
   - It’s a little problem but it’s okay.
   - It’s not a problem.

3. Do you cough because of your asthma?

   - Yes, all of the time.
   - Yes, most of the time.
   - Yes, some of the time.
   - No, none of the time.

4. Do you wake up during the night because of your asthma?

   - Yes, all of the time.
   - Yes, most of the time.
   - Yes, some of the time.
   - No, none of the time.

Please complete the following questions on your own.

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

   - Not at all
   - 1-3 days
   - 4-10 days
   - 11-18 days
   - 19-24 days
   - Everyday

6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?

   - Not at all
   - 1-3 days
   - 4-10 days
   - 11-18 days
   - 19-24 days
   - Everyday

7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?

   - Not at all
   - 1-3 days
   - 4-10 days
   - 11-18 days
   - 19-24 days
   - Everyday
ACT ages 4-11

- Parent asks child or has child answer questions 1-4
  1. How is your asthma today?
  2. How much of a problem is your asthma when your run, exercise or play sports?
  3. Do you cough because of your asthma?
  4. Do you wake up during the night because of your asthma?
- Parent answers remaining 3 questions on their own
  5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms? (ex cough, chest tightness)
  6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?
  7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?
TRACK ages 5 and below

- Test for Respiratory and Asthma Control in Kids (TRACK)
- Only available in English
- Validated instrument
- TRACK is based on the impairment and risk domains of the NAEPP guidelines.
- Developed by AstraZeneca, with the assistance of QualityMetric (QM)
Scoring of TRACK

- Scored from 0 to 20 points on the basis of a 5-point Likert-type scale for a total score of 0 to 100
  - Less than 80 - not under control
  - 80 or more - under control
  - Increased scores = greater control
**TRACK™ Test for Respiratory and Asthma Control in Kids**

**Who should use TRACK?**
This simple test can help determine if your child’s breathing problems are not under control.
The test was designed for children who:
- Are under 5 years of age AND
- Have a history of 2 or more episodes of wheezing, shortness of breath, or cough lasting more than 24 hours AND
- Have been previously prescribed bronchodilator medicines, also known as quick-relief medications (e.g., albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®), for respiratory problems OR have been diagnosed with asthma

**How to take TRACK**
**Step 1:** Make a check mark in the box below each of your selected answers.
**Step 2:** Write the number of your answer in the score box provided to the right of each question.
**Step 3:** Add up the numbers in the individual score boxes to obtain your child’s total score.
**Step 4:** Take the test to your child’s health care provider to talk about your child’s total TRACK score.

<table>
<thead>
<tr>
<th>Question</th>
<th>Score Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> During the past 4 weeks, how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>20</td>
</tr>
<tr>
<td>Once or twice</td>
<td>15</td>
</tr>
<tr>
<td>Once every week</td>
<td>10</td>
</tr>
<tr>
<td>2 or 3 times a week</td>
<td>5</td>
</tr>
<tr>
<td>4 or more times a week</td>
<td>0</td>
</tr>
<tr>
<td><strong>2</strong> During the past 4 weeks, how often did your child’s breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>20</td>
</tr>
<tr>
<td>Once or twice</td>
<td>15</td>
</tr>
<tr>
<td>Once every week</td>
<td>10</td>
</tr>
<tr>
<td>2 or 3 times a week</td>
<td>5</td>
</tr>
<tr>
<td>4 or more times a week</td>
<td>0</td>
</tr>
<tr>
<td><strong>3</strong> During the past 4 weeks, to what extent did your child’s breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>20</td>
</tr>
<tr>
<td>Slightly</td>
<td>15</td>
</tr>
<tr>
<td>Moderately</td>
<td>10</td>
</tr>
<tr>
<td>Quite a lot</td>
<td>5</td>
</tr>
<tr>
<td>Extremely</td>
<td>0</td>
</tr>
<tr>
<td><strong>4</strong> During the past 3 months, how often did you need to treat your child’s breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>20</td>
</tr>
<tr>
<td>Once or twice</td>
<td>15</td>
</tr>
<tr>
<td>Once every week</td>
<td>10</td>
</tr>
<tr>
<td>2 or 3 times a week</td>
<td>5</td>
</tr>
<tr>
<td>4 or more times a week</td>
<td>0</td>
</tr>
<tr>
<td><strong>5</strong> During the past 12 months, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Oroprene®, Prednisone®, or Decadron®) for breathing problems not controlled by other medications?</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>20</td>
</tr>
<tr>
<td>Once</td>
<td>15</td>
</tr>
<tr>
<td>Twice</td>
<td>10</td>
</tr>
<tr>
<td>3 times</td>
<td>5</td>
</tr>
<tr>
<td>4 or more times</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total**

Please see reverse side for an explanation of what your child’s total TRACK score means.
TRACK questions

Parents answer the following questions

1. During the past 4 weeks, how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?

2. During the past 4 weeks, how often did your child’s breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?

3. During the past 4 weeks, to what extent did your child’s breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?

4. During the past 3 months, how often did you need to treat your child’s breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®)?

5. During the past 12 months, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?
Considerations

- Subjective data
- Patients who are poor perceivers of their asthma
- Patients and their primary care provider often overestimate the degree to which their asthma is controlled (O’Connor, 2002)
- Only one piece of the puzzle
- Able to follow progress in treatment
- Spirometry is often not available in the primary care setting
References

http://www.asthmacontroltest.com/

