Are your Allergic Rhinitis symptoms really under control?

Take the **Rhinitis Control Assessment Test** (RCAT) to find out!

Choose the responses below that best describe your symptoms:

1. During the past week, how often did you have nasal congestion (i.e., a "stuffy nose")?	❍ 5. Never	❍ 4. Rarely	❍ 3. Sometimes	❍ 2. Often	❍ 1. Very Often
2. During the past week, how often did you sneeze?	❍ 5. Never	❍ 4. Rarely	❍ 3. Sometimes	❍ 2. Often	❍ 1. Very Often
3. During the past week, how often did you have watery eyes?	❍ 5. Never	❍ 4. Rarely	❍ 3. Sometimes	❍ 2. Often	❍ 1. Very Often
4. During the past week, how much did your nasal or other allergy symptoms interfere with your sleep?	❍ 5. Never	❍ 4. Rarely	❍ 3. Sometimes	❍ 2. Often	❍ 1. Very Often
5. During the past week, how often did you avoid activities (for example: gardening, mowing the lawn, other outdoor activities) because of your nasal or other allergy symptoms?	❍ 5. Never	❍ 4. Rarely	❍ 3. Sometimes	❍ 2. Often	❍ 1. Very Often
6. During the past week, how well controlled do you think your nasal or other allergy symptoms were?	❍ 5. Never	❍ 4. Rarely	❍ 3. Sometimes	❍ 2. Often	❍ 1. Very Often

Add your Points: ☐ If your score is **21 or less**, please share your results with your healthcare professional.

Please answer the BONUS questions below and discuss the results with your healthcare professional.

Over the past 3 months, which medications have you used to treat your allergy symptoms? (Check all that apply)

Over-the-counter	Prescription	
❍	❍	Oral Tablets/Pills
❍	❍	Nasal Sprays
❍	❍	Eye Drops
❍	❍	Other .....

If you took medication in the past 3 months for your allergies, were you satisfied with the relief it provided?

❍ Yes ❍ No

If "no," what medications were you taking?
(Please list all, including any over-the-counter medications and/or natural remedies)

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Which medication(s) are you currently taking to help relieve your allergy symptoms?
(Please list all, including any over-the-counter medications and/or natural remedies)

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How satisfied are you with your current allergy treatment(s)? (Check one)

❍ Very satisfied; I feel fine
❍ Somewhat satisfied; I feel okay
❍ Less than satisfied; My symptoms still bother me more than I feel they should
❍ Dissatisfied; I feel really awful

Please list **all medications you are taking**, for any reason, including prescription or over-the-counter medicines, herbal treatments, vitamins, and supplements:

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This tool is meant to help assess allergic rhinitis symptom control only. It is not to be used for diagnosis.