

Rhinitis Control Assessment Test (RCAT)

This questionnaire asks about your nasal and other allergy symptoms that are not related to a cold or the flu, and the control of these symptoms. For each question, please choose the response that best describes your nasal and other allergy symptoms.

1. **During the past week**, how often did you have nasal congestion?

Never	Rarely	Sometimes	Often	Extremely often
<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

2. **During the past week**, how often did you sneeze?

Never	Rarely	Sometimes	Often	Extremely often
<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

3. **During the past week**, how often did you have watery eyes?

Never	Rarely	Sometimes	Often	Extremely often
<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

4. **During the past week**, to what extent did your nasal or other allergy symptoms interfere with your sleep?

Not at all	A little	Somewhat	A lot	All the time
<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

5. **During the past week**, how well were your nasal or other allergy symptoms controlled?

Completely	Very	Somewhat	A little	Not at all
<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

6. **During the past week**, how often did you avoid any activities (for example, visiting a house with a dog or cat, gardening) because of your nasal or other allergy symptoms?

Never	Rarely	Sometimes	Often	Extremely often
<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

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Scoring

Responses to the questions are to be scored as indicated by the number next to the response box as shown in tables below. Total RCAT score should be calculated by adding individual numbers (the simple algebraic sum of the final item scores for each RCAT item) answered for each question. The total RCAT score can range from 6 to 30.

Scoring for Questions 1, 2, 3 and 6	
Response Choices	Final Item Value
Never	5
Rarely	4
Sometimes	3
Often	2
Extremely often	

Scoring for Question 4	
Response Choices	Final Item Value
Not at all	5
A little	4
Somewhat	3
A lot	2
All of the time	1

Scoring for Question 5	
Response Choices	Final Item Value
Completely	5
Very	4
Somewhat	3
A little	2
Not at all	1

Final RCAT

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Cut-Point Score Indicating Control

Total RCAT score 21 or less = Rhinitis symptoms are not well controlled

Total RCAT score 22 or more = Rhinitis symptoms are well-controlled

Minimally Important Difference

The recommended minimally important difference (MID) in RCAT score for determining a change in rhinitis control is 3 points.

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Final RCAT