

Today's Date:

Patient's Name:

# 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.

**19**





If your child's score is 19 or less, it may be a sign that your child's asthma is not controlled as well as it could be. Bring this test to the doctor to talk about the results.

## Have your child complete these questions.





1. How is your asthma today?

|   |  |   |  |                               |
|---|--|---|--|-------------------------------|
| <br><b>0</b><br>Very bad | <br><b>1</b><br>Bad | <br><b>2</b><br>Good | <br><b>3</b><br>Very good | SCORE<br><input type="text"/> |
|---|--|---|--|-------------------------------|





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

|  |  |   |  |                      |
|--|--|---|--|----------------------|
| <br><b>0</b><br>It's a big problem, I can't do what I want to do. | <br><b>1</b><br>It's a problem and I don't like it. | <br><b>2</b><br>It's a little problem but it's okay. | <br><b>3</b><br>It's not a problem. | <input type="text"/> |
|--|--|---|--|----------------------|

3. Do you cough because of your asthma?

|  |   |   |  |                      |
|--|---|---|--|----------------------|
| <br><b>0</b><br>Yes, all of the time. | <br><b>1</b><br>Yes, most of the time. | <br><b>2</b><br>Yes, some of the time. | <br><b>3</b><br>No, none of the time. | <input type="text"/> |
|--|---|---|--|----------------------|

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

|  |   |   |  |                      |
|--|---|---|--|----------------------|
| <br><b>0</b><br>Yes, all of the time. | <br><b>1</b><br>Yes, most of the time. | <br><b>2</b><br>Yes, some of the time. | <br><b>3</b><br>No, none of the time. | <input type="text"/> |
|--|---|---|--|----------------------|

## 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?

|                        |                      |                       |                        |                        |                      |                      |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|
| <b>5</b><br>Not at all | <b>4</b><br>1-3 days | <b>3</b><br>4-10 days | <b>2</b><br>11-18 days | <b>1</b><br>19-24 days | <b>0</b><br>Everyday | <input type="text"/> |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|

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

|                        |                      |                       |                        |                        |                      |                      |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|
| <b>5</b><br>Not at all | <b>4</b><br>1-3 days | <b>3</b><br>4-10 days | <b>2</b><br>11-18 days | <b>1</b><br>19-24 days | <b>0</b><br>Everyday | <input type="text"/> |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|

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

|                        |                      |                       |                        |                        |                      |                      |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|
| <b>5</b><br>Not at all | <b>4</b><br>1-3 days | <b>3</b><br>4-10 days | <b>2</b><br>11-18 days | <b>1</b><br>19-24 days | <b>0</b><br>Everyday | <input type="text"/> |
|------------------------|----------------------|-----------------------|------------------------|------------------------|----------------------|----------------------|

TOTAL