

CHILDHOOD ASTHMA CONTROL TEST FOR CHILDREN 4-11 YEARS

| CHILD'S NAME | |
|--------------|--|
| PARENT NAME | |
| DATE | |

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: | SCORE | | | | | | | |
|---|-------|--|--|--|--|--|--|--|
| 1. How is your asthma today? | | | | | | | | |
| O Very Bad | | | | | | | | |
| 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 problem but it's okay. It's a little problem but it's okay. It's a little problem but it's okay. | | | | | | | | |
| 3. Do you cough because of your asthma? | | | | | | | | |
| Yes, all of the time. Yes, some 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, some of the time. Yes, some of the time. Yes, some of the time. | | | | | | | | |
| (Parent) 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? | | | | | | | | |
| 1 19-24 days 2 11-18 days 3 4-10 days 4 1-3 days 5 Not at all | | | | | | | | |
| 6 During the last 4 weeks, how many days did your child wheeze during the day because of asthma? | | | | | | | | |
| 1 19-24 days 2 11-18 days 3 4-10 days 4 1-3 days 5 Not at all | | | | | | | | |
| During the last 4 weeks, how many days did your child wake up during the night because of asthma? | | | | | | | | |
| 1 19-24 days 2 11-18 days 3 4-10 days 4 1-3 days 5 Not at all | | | | | | | | |





TOTAL

If your child's score is <u>19 or less</u>, 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.



ASTHMA CONTROL TEST FOR PEOPLE 12 YEARS & OLDER

| YOUR NAME | | |
|-----------|--|--|
| DATE | | |

How to take the Asthma Control Test

\$12 Answer the five questions below. For each question, make sure you read all fivce possible answers before choosing the best one for you.

STEP 2 Add up each score box for the total.

Take the completed test to your healthcare provider to talk about your score.

| Have vour child | complete these que | stions: | | | SCORE |
|---|--|-------------------------------|--|-------------------------------|-------|
| 1. In the <u>past 4 weeks</u> , 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 | Most of the time | Some of the time | A little of the time | None of the time | |
| 2. During the pas | t 4 weeks , how often h | ave you had shortne | ss of breath? | | |
| More than once a day | Once a day | 3 to 6 times a week | Once or twice a week | 5 Not at all | |
| | | | otoms (wheezing, coughi earlier than usual in the r | | |
| 4 or more nights a week | 2 or 3 nights a week | Once a week | 4 Once or twice | 5 Not at all | |
| | t 4 weeks , how often h cation (such as albuterd | | escue inhaler or | | |
| 3 or more times per day | 1 or 2 times per day | 3 2 or 3 times per week | Once a week or less | 5 Not at all | |
| 5. How would you | ı rate your asthma cont | rol during the past 4 | weeks? | | |
| Not controlled at all | Poorly controlled | Somewhat controlled | Well controlled | 5 Completely controlled | |

If your score is <u>19 or less</u>, it may be a sign that your asthma is not controlled as well as it could be. No matter what the score, bring this test toyour healthcare provider to talk about the results.



TOTAL

