Enter Name _____ Today's Date: _____

Enter Address _____ Patient's Name: _____

Enter City/State/Zip _____

# 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 or less** 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?

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| Very bad | Bad | Good | Very good |

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

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| 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?

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| 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?

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| 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?

| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|
| 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?

| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|
| 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?

| 5 | 4 | 3 | 2 | 1 | 0 |
|---|---|---|---|---|---|
| Not at all | 1-3 days | 4-10 days | 11-18 days | 19-24 days | Everyday |

SCORE

TOTAL