asthma.com

Patient's Name: _____

Today's Date: _____

Childhood Asthma Control Test for children 4 to 11 years

Know your score.

Parent or Guardian: The Childhood Asthma Control Test* is a way to help your child's healthcare provider determine if your child's asthma symptoms are well controlled. Take this test with your child (ages 4 to 11). Share the results with your child's healthcare provider.

Step 1: Have your child answer **the first four questions (1 to 4).** If your child needs help, you may help, but let your child choose the answer.

Step 2: Answer the last **three questions (5 to 7)** on your own. Don't let your child's answers influence yours. There are no right or wrong answers.

Step 3: Write the number of each answer in the score box to the right.

Step 4: Add up each score box for the total.

Step 5: Take the COMPLETED test to your child's healthcare provider to talk about your child's total score.

19 or less

IF YOUR CHILD'S SCORE IS 19 OR LESS, **Your child's asthma symptoms may not be as well controlled as they could be. No matter what the score, bring this test to your child's healthcare provider to talk about your child's results.**

NOTE: If your child's score is 12 or less, his or her asthma may be very poorly controlled. Please contact your child's healthcare provider right away.

Have your child complete these questions.

1. How is your asthma today?

0 **Very bad**	1 **Bad**	2 **Good**	3 **Very good**

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

0 **It's a big problem, I can't do what I want to do.**	1 **It's a problem and I don't like it.**	2 **It's a little problem but it's okay.**	3 **It's not a problem.**

3. Do you cough because of your asthma?

0 **Yes, all of the time.**	1 **Yes, most of the time.**	2 **Yes, some of the time.**	3 **No, none of the time.**

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

0 **Yes, all of the time.**	1 **Yes, most of the time.**	2 **Yes, some of the time.**	3 **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 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday

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

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

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

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

SCORE
TOTAL 0

*The Childhood Asthma Control Test was developed by GSK.

This material was developed by GSK.

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