

Childhood Asthma Control Test for children 4 to 11 years old

Take this test together with your child now and discuss the results with your doctor.

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.

1. How is your asthma today?

SCORE

 0 Very bad	 1 Bad	 2 Good	 3 Very good	<input type="checkbox"/>
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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.	<input type="checkbox"/>
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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.	<input type="checkbox"/>
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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.	<input type="checkbox"/>
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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	<input type="checkbox"/>
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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	<input type="checkbox"/>
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7. During the last 4 weeks, how many days did your child wake up during the night 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	<input type="checkbox"/>
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TOTAL