

Name \_\_\_\_\_

Date \_\_\_\_\_

### Childhood Asthma Control Test for Children 4 to 11 years

This test will provide a score that might help a doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

**Step 1. Child answers.** Let your child answer 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. There are no right or wrong answers.

**1. How is your asthma today?**

 <b>0</b> Very Bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very Good
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Score

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

 <b>0</b> It's a big problem; I can't do what I want to do	 <b>1</b> It's a problem and I don't like it	 <b>2</b> It's a little problem but it's okay	 <b>3</b> It's not a problem
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**3. Do you cough because of your asthma?**

 <b>0</b> Yes, all of the time	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time	 <b>3</b> No, none of the time.
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**4. Do you wake up during the night because of your asthma?**

 <b>0</b> Yes, all of the time	 <b>1</b> Yes, most of the time.	 <b>2</b> Yes, some of the time	 <b>3</b> No, none of the time.
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**Step 2. Parents answer.** Parents, complete the remaining question (5 to 7) on your own without letting your child's responses influence your answers.

**5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms? (ex cough, chest tightness)**

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
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**6. During the last 4 weeks, how many days did your child wheeze during the day because of asthma?**

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
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**7. During the last 4 weeks, how many days did your child wake up during the night because of asthma?**

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
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**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 score.

**Step 5.** Talk to your doctor about your child's total score.

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. Talk to your child's doctor about the results.

Total