

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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2. How much of a problem is your asthma when your 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 its 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 you 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.

Score








Total