# Childhood Asthma Control Test for children 4 to 11 years.

## How to take the Childhood Asthma Control Test

- **Step 1** Let your child respond to **the first 4 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 **3 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. No matter what the score, bring this test to your doctor to talk about your child's results.

### 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 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

**The answers below should not be added to the total score. These answers should be discussed with your child's doctor.**

In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in a hospitalization)? _____

In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____

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