

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

## Know the score.

Here are two asthma tests: one for children 4 to 11 years old on this page and one for teens 12 years and older on the back. They will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

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.

**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. Bring this test to your doctor to talk about your results.

## Have your child complete these questions.





1. How is your asthma today?

 <b>0</b> Very bad	 <b>1</b> Bad	 <b>2</b> Good	 <b>3</b> Very good	SCORE <input type="text"/>
---	--	--	--	-------------------------------





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.	<input type="text"/>
--	--	--	--	----------------------

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.	<input type="text"/>
--	---	--	--	----------------------

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.	<input type="text"/>
--	---	--	--	----------------------

## Please complete the following questions on your own.

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

<b>5</b> Not at all	<b>4</b> 1-3 days/mo	<b>3</b> 4-10 days/mo	<b>2</b> 11-18 days/mo	<b>1</b> 19-24 days/mo	<b>0</b> Everyday	<input type="text"/>
------------------------	-------------------------	--------------------------	---------------------------	---------------------------	----------------------	----------------------

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

<b>5</b> Not at all	<b>4</b> 1-3 days/mo	<b>3</b> 4-10 days/mo	<b>2</b> 11-18 days/mo	<b>1</b> 19-24 days/mo	<b>0</b> Everyday	<input type="text"/>
------------------------	-------------------------	--------------------------	---------------------------	---------------------------	----------------------	----------------------

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

<b>5</b> Not at all	<b>4</b> 1-3 days/mo	<b>3</b> 4-10 days/mo	<b>2</b> 11-18 days/mo	<b>1</b> 19-24 days/mo	<b>0</b> Everyday	<input type="text"/>
------------------------	-------------------------	--------------------------	---------------------------	---------------------------	----------------------	----------------------

TOTAL

Please turn this page over to see what your child's total score means.