

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 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, your child's asthma symptoms may not be as well controlled as they could be.

NOTE: If your child's score is 12 or less, this may be an indication that their asthma is very poorly controlled. Please contact your child's healthcare provider right away (if this is the case).


There may be more you and your child's healthcare provider could do to help control your child's asthma symptoms.

Have your child complete these questions.

1. How is your asthma today?

 0 Very bad	 1 Bad	 2 Good	 3 Very good	SCORE <input style="width: 40px; height: 30px;" type="text"/>
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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 style="width: 40px; height: 30px;" type="text"/>
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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 style="width: 40px; height: 30px;" type="text"/>
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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 style="width: 40px; height: 30px;" type="text"/>
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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 style="width: 40px; height: 30px;" type="text"/>
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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 style="width: 40px; height: 30px;" type="text"/>
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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 style="width: 40px; height: 30px;" type="text"/>
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The Childhood Asthma Control Test was developed by GSK.

TOTAL

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