

ASTHMA CONTROL TEST

Name:	Date of Service:
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Here are two asthma tests: one for children 4 to 11 years old and one for teens 12 years and older. 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.

FOR CHILDREN 4 TO 11 YEARS OLD:

Please let your child respond to **the first four questions (1-4)**. If your child needs help reading or understanding the question, you may help, but let your child select the response.

1. How is your asthma today?

0 Very Bad	1 Bad	2 Good	3 Very Good	SCORE:
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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.	SCORE:
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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.	SCORE:
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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.	SCORE:
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Parents, 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?

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

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

0 Everyday	1 19-24 days/month	2 11-18 days/month	3 4-10 days/month	4 1-3 days/month	5 Not at all	SCORE:
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Total of above scores:

ASTHMA CONTROL TEST FOR TEENS 12 YEAR AND OLDER

These questions are to be answered by the teenage patient on his/her own.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at, school or at home?

1 All of the time	2. Most of the time	3. Some of the time	4. A little of the time	5. None of the time	SCORE
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2. During the past 4 weeks, how often have you had shortness of breath?

1 More than once a day	2. Once a day	3. 3-6 times week	4. Once or twice a week	5. Not at all	SCORE
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3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning?

1 4 + nights a week	2. 2 or 3 nights a week	3. Once a week	4. Once or twice	5. Not at all	SCORE
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4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as Albuterol)?

1 3 + times per day	2. 1 or 2 times per day	3. 2 or 3 times a week	4. Once a week or less	5. None of the time	SCORE
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5. How would you rate your asthma control during the past 4 weeks.

1 Not controlled at all	2. Poorly controlled	3. Somewhat controlled	4. Well controlled	5. Completely controlled	SCORE
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Total of above scores:

What does the score mean?

- If your child's score is 19 or less, it may be a sign that your child's or teen's asthma is not controlled as well as it could be.
- If your child's score is 20 or more, your child's asthma may be under control. There are other factors that your child's doctor may consider when assessing your child's asthma control.