

Childhood Asthma Control Test for children 4 to 11 years old

Please fill in this test together with your child now and discuss the results afterwards with your doctor.

How to fill in the Childhood Asthma Control Test.

- Step 1 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 choose the answer. Complete the remaining **three questions (5 to 7)** on your own, without letting the child's answers 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 the scores in each box to calculate the total score.
- Step 4 Take the test to the doctor to talk about your child's total score.

What does my child's score mean?

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.
- Make an appointment to discuss the results obtained in the Childhood Asthma Control Test with your child's doctor and ask if your child's asthma treatment plan should be changed.
- Ask your child's doctor about daily long-term medications that can help control airway inflammation and constriction, the two main causes of asthma symptoms. Many children may need to treat both of these symptoms on a daily basis to get the best asthma control.




20 or more

- 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. You should make an appointment with the doctor to discuss your child's asthma.
- Asthma is unpredictable. Your child's asthma symptoms may seem mild or non-existent, but they can flare up at any time.
- Ask your child to fill in the Childhood Asthma Control Test regularly no matter how good your child feels. Continue to have your child see the doctor on a regular basis to make sure your child's asthma is treated as well as it can be.





Ask your child to answer these questions.

1. How does your asthma make you feel today?





SCORE

 0 I feel very ill today.	 1 I feel ill today.	 2 I feel well today.	 3 I feel very well today.	<input type="checkbox"/>
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2. How much does your asthma bother you when you run, exercise or play sports?

 0 It bothers me a lot; I can't do what I want to do.	 1 It bothers me and I don't like it.	 2 It bothers me a bit but it's okay.	 3 It doesn't bother me.	<input type="checkbox"/>
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3. Do you cough because of your asthma?

 0 Yes, always.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, never.	<input type="checkbox"/>
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4. Do you wake up during the night because of your asthma?

 0 Yes, always.	 1 Yes, most of the time.	 2 Yes, some of the time.	 3 No, never.	<input type="checkbox"/>
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Please complete the following questions on your own.

5. During the past 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 Every day	<input type="checkbox"/>
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6. During the past 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 Every day	<input type="checkbox"/>
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7. During the past 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 Every day	<input type="checkbox"/>
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TOTAL