

Asthma Control Test for children 4 to 11 years old.

Step I. Have your child complete these questions.

1. How is your asthma today?

Very bad 1	Bad 2	OK 3	Not a problem 4
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2. How much of a problem is your asthma when you run, exercise or play sports?

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. 4
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3. Do you cough because of your asthma?

Yes, all of the time. 1	Yes, most of the time. 2	Yes, some of the time. 3	No, none of the time. 4
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4. Do you wake up during the night coughing or not able to catch your breath?

Yes, all of the time. 1	Yes, most of the time. 2	Yes, some of the time. 3	No, none of the time. 4
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Step II. 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?

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

Everyday 0	19-24 days/mo 1	11-18 days/mo 2	4-10 days/mo 3	1-3 days/mo 4	Not at all 5
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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?

Everyday 0	19-24 days/mo 1	11-18 days/mo 2	4-10 days/mo 3	1-3 days/mo 4	Not at all 5
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Total score _____

Patient name _____

Date _____

If the score is 19 or less, it may be a sign that asthma is not under control.