

# Childhood Asthma Control Test



The Childhood Asthma Control Test is designed for use with children from 4 to 11 years of age. It offers an assessment of how well you/your child's asthma has been controlled over the previous month. Asthma is a condition which varies from day to day and month to month so you/your child's level of control may not always be the same. It is a good idea to carry out this assessment every now and again especially if you/your child have been having more asthma symptoms than usual.

**If you/your child's asthma is not well controlled you/your child may be at risk of having an asthma attack**

## 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. For each question, make sure your child considers all four possible answers before choosing the best one for him or her.

**Step 2:** 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. For each question, make sure you consider all six possible answers before choosing the best one.





**Step 3:** Add up the score from each answer.

## Your child should 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
---	--	---	--

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.
---	---	--	---

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.
---	--	--	---

3. 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.
---	--	--	---

## 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?

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

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

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

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

<b>5</b> Not at all	<b>4</b> 1-3 days	<b>3</b> 4-10 days	<b>2</b> 11-18 days	<b>1</b> 19-24 days	<b>0</b> Everyday
------------------------	----------------------	-----------------------	------------------------	------------------------	----------------------

SCORE








TOTAL