

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

### Childhood Asthma Control Test for children 4 - 11 years old

#### For Child to answer:

1. How is your asthma today? Very Bad      Bad      Good      Very Good
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.  
It's a problem and I don't like it.  
It's a little problem but it's okay.  
It's not a problem.
3. Do you cough because of your asthma?  
Yes, all of the time.  
Yes, most of the time.  
Yes, some of the time  
No, none of the time
4. Do you wake up during the night because of your asthma?  
Yes, all of the time.  
Yes, most of the time.  
Yes, some of the time  
No, none of the time

#### For Parent to answer:

5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?  
Not at all  
1-3 days/mo  
4-10 days/mo  
11-18 days/mo  
19-24 days/mo  
Everyday
6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?  
Not at all  
1-3 days/mo  
4-10 days/mo  
11-18 days/mo  
19-24 days/mo  
Everyday
7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?  
Not at all  
1-3 days/mo  
4-10 days/mo  
11-18 days/mo  
19-24 days/mo  
Everyday
8. During the past 4 weeks, how often have your child used the rescue inhaler or nebulizer medication (such as albuterol) not including for exercised induced wheezing?

3 or more times per day

1 or 2 times per day

2 or 3 times per week

Once a week or less

Not at all

9. In the last 12 months, how many times has your child had to receive steroids, either oral or injected (not inhaled) for asthma?