

Asthma Control Test (from 4 to 11 years old)

Do you want to know about your child asthma control level, or if your child treatment plan need to be changed, then simply:

- Choose the most appropriate answer and write it's score in the circle to the right.
- The total score will help you and the doctor to discuss the treatment plan.

Score

First : Help your child to respond to the first four questions:

How do you feel your asthma is today?

Q1



3

Very good



2

Good



1

Bad



0

Very bad



To what extent does asthma prevent you from playing, running or exercising?

Q2



3

Good, I can always play & run



2

Bad, but still I can play & run.



1

Bad, I don't like it. Sometimes I can't play & run



0

Very bad, I can't play & run



Does asthma make you cough?

Q3



3

No, I never cough from asthma.



2

Yes, rarely



1

Yes, sometimes



0

Yes, always



Does asthma disturb your sleep at night?

Q4



3

No, I never wake up from asthma.



2

Yes, rarely



1

Yes, sometimes



0

Yes, always



Second : Complete the remaining questions on your own :

Q5

During the past 4 weeks, how often did your child have asthma attack during day time?

5

Never

4

1-3 Days/Month

3

4-10 Days/Month

2

11-18 Days/Month

1

19-24 Days/Month

0

Every Day



Q6

During the past 4 weeks, how often did your child have wheezing during day time?

5

Never

4

1-3 Days/Month

3

4-10 Days/Month

2

11-18 Days/Month

1

19-24 Days/Month

0

Every Day



Q7

During the past 4 weeks, how often did your child wakeup during night from asthma?

5

Never

4

1-3 Days/Month

3

4-10 Days/Month

2

11-18 Days/Month

1

19-24 Days/Month

0

Every Day



=

If your child's score is **19 or less** this may indicate that your child's asthma is not controlled as it should be. Share it with the doctor & ask him if your child treatment plan needs changing.

Total