

# Childhood Asthma Control Test for children 4 to 11 years.

This test will provide a score that may help the doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

## 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. 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.

**Step 2** Write the number of each answer in the score box provided.

**Step 3** Add up each score box for the total.





**Step 4** Take the test to the doctor to talk about your child's total score.

**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. Bring this test to the doctor to talk about the results.





## Have your child 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
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SCORE





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.
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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.
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4. 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.
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## 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
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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
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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
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TOTAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

FOR PATIENTS:

# Take the Asthma Control Test™ (ACT) for people 12 yrs and older.

Know your score. Share your results with your doctor.

- Step 1 Write the number of each answer in the score box provided.
- Step 2 Add the score boxes for your total.
- Step 3 Take the test to the doctor to talk about your score.

1. In the past <b>4 weeks</b> , how much of the time did your <b>asthma</b> keep you from getting as much done at work, school or at home?	All of the time (1)	Most of the time (2)	Some of the time (3)	A little of the time (4)	None of the time (5)	SCORE <input type="text"/>
2. During the past <b>4 weeks</b> , how often have you had shortness of breath?	More than once a day (1)	Once a day (2)	3 to 6 times a week (3)	Once or twice a week (4)	Not at all (5)	<input type="text"/>
3. During the past <b>4 weeks</b> , how often did your <b>asthma</b> symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?	4 or more nights a week (1)	2 or 3 nights a week (2)	Once a week (3)	Once or twice (4)	Not at all (5)	<input type="text"/>
4. During the past <b>4 weeks</b> , how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	3 or more times per day (1)	1 or 2 times per day (2)	2 or 3 times per week (3)	Once a week or less (4)	Not at all (5)	<input type="text"/>
5. How would you rate your <b>asthma</b> control during the <b>past 4 weeks</b> ?	Not controlled at all (1)	Poorly controlled (2)	Somewhat controlled (3)	Well controlled (4)	Completely controlled (5)	<input type="text"/>
						TOTAL <input type="text"/>

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**If your score is 19 or less, your asthma may not be controlled as well as it could be. Talk to your doctor.**

FOR PHYSICIANS:

### The ACT is:

- A simple, 5-question tool that is self-administered by the patient
- Clinically validated by specialist assessment and spirometry<sup>1</sup>
- Recognized by the National Institutes of Health

Reference: 1. Nathan RA et al. *J Allergy Clin Immunol.* 2004;113:59-65.