Enter Name					Today's Date:	
Enter Address			Patient's Name:			
Enter City/State/Zip Childhood <i>F</i>	\ c4bma	Control Tas	t for child	dren		
					:(:::	h
			chila's asthma treatme	ent plan is working	or if it might be time for a c	nange.
tow to take the Child			your child needs hel	lp readina or unc	lerstanding the question, ye	ou may
help, but let your d	child select the res	sponse. Complete the re ers. There are no right or	maining three quest	ions (5 to 7) on	your own and without lettir	ng your
Step 2 Write the number of each answer in the score box provide				10	If your child's score is 19 or may be a sign that your	
itep 3 Add up each score	e box for the total.			19 or less	asthma is not controlled	
Step 4 Take the test to the	doctor to talk abo	out your child's total score	e.		as it could be. Bring this the doctor to talk about the	
lave your child con How is your asthma today?	mplete these	questions.				
					(2)	SCOR
Õ		1	2		3	
Very bad		Bad	Good		Very good)
How much of a problem is you	ır asthma when you r	un, exercise or play sports?				
o 's a big problem, I can't do what I want to do.		number and I don't like it.	2 It's a little problem but it's okay.		It's not a problem.	
Do you cough because of your	1.00	a problem and ruon cince ic.	it s a nuic problem	but it o onay.		
Do you cough because or your	dottilla.)_
0		Ô	2		3	
Yes, all of the time.		Yes, most of the time.	Yes, some of the time.		No, none of the time.	
Do you wake up during the nig	ght because of your a	sthma?				
Yes, all of the time.		Yes, most of the time.	Yes, some of t	he time.	No, none of the time.	
			01479			
lease complete the . During the <u>last 4 weeks</u> , h						
	•	3	2		0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	
During the <u>last 4 weeks</u> , h						
5	4	3	2	1	0	
Not at all	1-3 days	4-10 days	11-18 days	19-24 days	Everyday	
. During the <u>last 4 weeks</u> , h	ow many days did y	our child wake up during t	the night because of a	sthma?		, _—
5	4	3	2	1	0	
		_	_	19-24 days		

)