

# Asthma Control Test 4yr-11yr

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. How is your asthma today?

- Very bad [0]    Bad [1]    Good [2]    Very good [3]

**SCORE** \_\_\_\_\_

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. [0]  
 It's a problem and I don't like it. [1]  
 It's a little problem but it's okay. [2]  
 It's not a problem. [3]

**SCORE** \_\_\_\_\_

3. Do you cough because of your asthma?

- Yes, all of the time. [0]  
 Yes, most of the time. [1]  
 Yes, some of the time. [2]  
 No, none of the time. [3]

**SCORE** \_\_\_\_\_

4. Do you wake up during the night because of your asthma?

- Yes, all of the time. [0]  
 Yes, most of the time. [1]  
 Yes, some of the time. [2]  
 No, none of the time. [3]

**SCORE** \_\_\_\_\_

5. During the last 4 weeks, how many days did your child have any daytime asthma symptoms?

- Not at all [5]    1-3 days [4]    4-10 days [3]    11-18 days [2]    19-24 days [1]    Everyday [0]

**SCORE** \_\_\_\_\_

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

- Not at all [5]    1-3 days [4]    4-10 days [3]    11-18 days [2]    19-24 days [1]    Everyday [0]

**SCORE** \_\_\_\_\_

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

- Not at all [5]    1-3 days [4]    4-10 days [3]    11-18 days [2]    19-24 days [1]    Everyday [0]

**SCORE** \_\_\_\_\_