



**FOR AGES
4 to 11 years**

Follow-Up

Date: _____ Patient _____

How have the patient’s symptoms been since the last visit?

1. New Problems Since Last Visit:

- Hospitalizations: Yes or No
- ER Visits Yes or No
- Surgeries: Yes or No
- Other Consults: Yes or No
- Urgent visits for allergy/breathing difficulty Yes or No
- Courses of oral corticosteroid: Yes or No
- Exercise difficulty Yes or No
- New Medications Yes or No
- Visits to PCP or other providers Yes or No
- Food reactions Yes or No

2. Current Status

- Exercise cough/difficulty Yes or No
- Morning cough Yes or No
- Night-time cough or wheeze Yes or No
- Bronchodilator usage, how often _____
- Nasal symptoms Yes or No
- Skin Symptoms Yes or No
- Ocular Symptoms..... Yes or No

3. ENVIRONMENTAL HISTORY (UPDATED): Please list any changes.

4. PAST MEDICAL AND FAMILY HISTORY (UPDATES): Please list any changes OR new medical diagnoses.



Childhood Asthma Control Test for children 4 to 11 years old. Know the score.

This test will provide a score that may help your 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. No matter what the score, bring this test to your doctor to talk about your child's results.




Have your child complete these questions.

1. How is your asthma today?





| | | | |
|---|--|---|--|
|  0 Very bad |  1 Bad |  2 Good |  3 Very good |
|---|--|---|--|

SCORE





2. How much of a problem is your asthma when you run, exercise or play sports?

| | | | |
|--|--|---|--|
|  0 It's a big problem, I can't do what I want to do. |  1 It's a problem and I don't like it. |  2 It's a little problem but it's okay. |  3 It's not a problem. |
|--|--|---|--|

3. Do you cough because of your asthma?

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

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

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

Please complete the following questions on your own.

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

| | | | | | |
|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|
| 5 Not at all | 4 1-3 days/mo | 3 4-10 days/mo | 2 11-18 days/mo | 1 19-24 days/mo | 0 Every day |
|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|

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

| | | | | | |
|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|
| 5 Not at all | 4 1-3 days/mo | 3 4-10 days/mo | 2 11-18 days/mo | 1 19-24 days/mo | 0 Every day |
|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|

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

| | | | | | |
|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|
| 5 Not at all | 4 1-3 days/mo | 3 4-10 days/mo | 2 11-18 days/mo | 1 19-24 days/mo | 0 Every day |
|------------------------|-------------------------|--------------------------|---------------------------|---------------------------|-----------------------|

APF-61
REV 10/13

TOTAL