



**FOR AGES  
12 & Older**

**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.**

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

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# Asthma Control Test™ for teens 12 years and older. Know the score.

If your teen is 12 years or older have him take the test now and discuss the results with your doctor

Step 1 Write the number of each answer in the score box provided.

Step 2 Add up each score box for the total.

Step 3 Take the test to the doctor to talk about your child's total score.

1. In the past **4 weeks**, how much of the time did your asthma 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
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2. During the past **4 weeks**, 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
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3. During the past **4 weeks**, how often did your **asthma** 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
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4. During the past **4 weeks**, 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 day	3	Once a week or less	4	Not at all	5
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5. How would you rate your **asthma** control

Not controlled	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
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Total



The American Lung Association supports the Asthma Control Test and wants everyone 12 years of age and older with asthma to take it.

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## What does it mean if my child scores 19 or less?

- If your child's score is 19 or less, it may be a sign that your child's asthma is not under control.
- Make an appointment to discuss your child's asthma score with their doctor. Ask if you should change your child's asthma treatment plan.
- Ask your child's doctor about daily long-term medications that can help control airway inflammation and constriction, the two main causes of asthma symptoms. Many children may need to treat both of these on a daily basis for the best asthma control.