

Patient Name: _____

Date of Birth: _____

Today's Date: _____

Provider: _____

















Childhood Asthma Control Test (ACT) for Children 4 to 11 years old

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 (ACT)

- **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 own 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

Have your child complete these questions:

1. How is your asthma today?					Score
 VERY BAD 0	 BAD 1	 GOOD 2	 VERY GOOD 3		
2. How much of a problem is your asthma when you run, exercise or play sports?					
 VERY BAD 0	 BAD 1	 GOOD 2	 VERY GOOD 3		
3. Do you cough because of your asthma?					
 VERY BAD 0	 BAD 1	 GOOD 2	 VERY GOOD 3		
4. Do you wake up during the night because of your asthma?					
 VERY BAD 0	 BAD 1	 GOOD 2	 VERY GOOD 3		

Please complete the following questions on your own.

5. During the <u>last 4 weeks</u>, on average, how many <u>days per month</u> did your child have any daytime asthma symptoms?	5	4	3	2	1	0	Score
	Not at all	1-3 days/mo	4-10 days/mo	11-18 days/mo	19-24 days/mo	Everyday	
6. During the <u>last 4 weeks</u>, on average, how many <u>days per month</u> did your child wheeze during the day because of asthma?	5	4	3	2	1	0	Score
	Not at all	1-3 days/mo	4-10 days/mo	11-18 days/mo	19-24 days/mo	Everyday	
7. During the <u>last 4 weeks</u>, on average, how many <u>days per month</u> did your child wake up during the night because of asthma?	5	4	3	2	1	0	Score
	Not at all	1-3 days/mo	4-10 days/mo	11-18 days/mo	19-24 days/mo	Everyday	

Total Score (add questions 1 – 7) _____

Additional Questions

1. In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in hospitalization)? _____
2. In the past 12 months, how many inpatient hospitalizations has your child had due to asthma? _____