



Allergy & Asthma Specialty Clinic

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CHILDHOOD ASTHMA CONTROL TEST

Today's Date: _____

Total ACT Score: ____/27

Patient Name: _____

Date of Birth: _____

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. Then 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.

Have your child complete these questions.



0 1 2 3

1. How is your asthma today?

0 = Very bad

1 = Bad

2 = Good

3 = Very good

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.

Parents, please complete the following questions on your own.

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

5 = Not at all

4 = 1-3 days/month

3 = 4-10 days/month

2 = 11-18 days/month

1 = 19-24 days/month

0 = Everyday

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

5 = Not at all

4 = 1-3 days/month

3 = 4-10 days/month

2 = 11-18 days/month

1 = 19-24 days/month

0 = Everyday

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

5 = Not at all

4 = 1-3 days/month

3 = 4-10 days/month

2 = 11-18 days/month

1 = 19-24 days/month

0 = Everyday

A score of 19 or less may mean your child's asthma may not be controlled as well as it could be. A score of 20 or more may mean your child's asthma is under control; however, there are factors your doctor may consider in assessing asthma control.

*****Please answer more questions on the back side of this page**

Please help us meet the terms of the Minnesota Community Measurement for optimal asthma care. Information provided is optional.

1. *Indicate your race/ethnicity:*

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Unknown
- Other: _____
- Choose not to disclose

2. *Indicate your primary language:*

- English
- Spanish
- Other: _____
- Choose not to disclose

3. *Indicate your country of origin:*

- United States of America
- Other: _____
- Choose not to disclose

Thank you!