

# Childhood Asthma Control

For children aged 4 – 11 years – Part of Asthma Review Appointments



Today's date: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Instructions:

- There are no right or wrong answers
- Please put the score in the column on the right
- Please add up the total
- Children please answer A B C D
- Grown ups please answer D E F G

## For children...

How is your asthma today?

Grown ups can help, but it is important that Children choose their answer

Score

**A**

 0	 1	 2	 3	<input type="text"/>
Very bad	Bad	Good	Very good	

How much of a problem is your asthma when you play sports or run around?

**B**

 0	 1	 2	 3	<input type="text"/>
It's a big problem	It's a problem	It's a little problem	It's no problem	



Do you cough because of your asthma?

**C**

 0	 1	 2	 3	<input type="text"/>
Yes! All the time	Yes! Most of the time	Yes! Sometimes	No! None of the time	

Do you wake up at night because of your asthma?

**D**

 0	 1	 2	 3	<input type="text"/>
Yes! All the time	Yes! Most of the time	Yes! Sometimes	No! None of the time	

## For grown ups...

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

**E**

5	4	3	2	1	0	<input type="text"/>
Not at all	1 - 3 days	4 - 10 days	11 - 18 days	19 - 24 days	Everyday	

During the last 4 weeks, how many days did your child wheeze during the day due to asthma?

**F**

5	4	3	2	1	0	<input type="text"/>
Not at all	1 - 3 days	4 - 10 days	11 - 18 days	19 - 24 days	Everyday	

During the last 4 weeks, how many days did your child wake up in the night due to asthma?

**G**

5	4	3	2	1	0	<input type="text"/>
Not at all	1 - 3 days	4 - 10 days	11 - 18 days	19 - 24 days	Everyday	

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.

Total  
Score