

BLUE FISH

P E D I A T R I C S

www.bluefishmd.com

Asthma Control Test (12+ Years)

If you have been on prevention medication¹ in the last year, please ask for this form at every visit.

Instructions:

1. Write the number of each answer in the score box provided.
2. Add up the score boxes to get the TOTAL.
3. Discuss your results with your doctor.

NAME: _____ DATE: _____

1. In the past **four 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	Rarely	4	Never	5
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Score

2. During the past **four 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	None at all	5
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3. During the past **four 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 four weeks**, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?

3 or more times a day	1	1 or 2 times a day	2	2 or 3 times a week	3	Once a week or less	4	Not at all	5
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5. How would you rate your asthma control during the past **four weeks**?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
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TOTAL:

If your score is 19 or less, your asthma may not be under control.
No matter what your score, share the results with your doctor.

¹ E.g., Flovent, Advair, Qvar, Symbicort, Asmanex, Pulmicort (Budesonide)

BLUE FISH

P E D I A T R I C S

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Asthma Control Test (4-11 Years)





If you have been on prevention medication² in the last year, please ask for this form at every visit.

Instructions:





1. Let **your child** respond to questions 1-4. If your child needs additional help in reading or understanding the question, you may provide assistance, but allow your child to select the response. Complete the remaining three questions yourself without allowing your child's response to affect your answers.
2. Add up the score boxes to get the TOTAL.
3. Discuss your results with your doctor.

NAME: _____ DATE: _____





1. How is your asthma today?

 Very Bad 0	 Bad 1	 Good 2	 Very Good 3
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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 big problem. I don't like it.	 2 It's a little problem, but I'm okay.	 3 It's not a problem.
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3. Do you cough because of your asthma?

 0 Yes, All the time	 1 Yes, Most of the time	 2 Yes, sometimes	 3 No, none of the time
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4. Do you wake up at night because of your asthma?

 0 Yes, All the time	 1 Yes, Most of the time	 2 Yes, sometimes	 3 No, none of the time
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5. During the last 4 weeks, on average, how many days per month did your child have any daytime asthma symptoms?

Everyday 0	19-24 days/mo 1	11-18 days/mo 2	4-10 days /mo 3	1-3 days/mo 4	Never 5
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6. During the last 4 weeks, on average, how many days per month did your child wheeze during the day because of asthma?

Everyday 0	19-24 days/mo 1	11-18 days/mo 2	4-10 days /mo 3	1-3 days/mo 4	Never 5
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7. During the last 4 weeks, on average, how many days per month did your child wake up during the night because of asthma?

Everyday 0	19-24 days/mo 1	11-18 days/mo 2	4-10 days /mo 3	1-3 days/mo 4	Never 5
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If your score is 19 or less, your asthma may not be under control. No matter what your score, share the results with your doctor.

TOTAL:

² E.g., Flovent, Advair, Qvar, Symbicort, Asmanex, Pulmicort (Budesonide)