

# Sartell Pediatrics

Please complete BOTH sides of screener.

Childhood Asthma Control Test (C-ACT) Ages 4-11

First	Patient's Full Name Middle	Last	Date of Birth	Today's Date

## Test Instructions

1. Let your child respond to the first 4 questions. If your child needs help reading or understanding the questions, you may help, but let your child select the response.
2. Complete the remaining questions (on back) on your own without letting your child's response influence your answers.
3. Write the number of each answer in the score box provided.
4. Add up each score box for the total.
5. Discuss your child's score with your child's provider at his or her next appointment.

How bad is your asthma today?

Very Bad  
0



Bad  
1



Good  
2



Very Good!  
3



Score:

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

It's a big problem.  
0



It's a problem and I don't like it.  
1



It's a small problem.  
2



It's not a problem!  
3



Score:

Do you cough because of your asthma?

Yes, all of the time.  
0



Yes, most of the time.  
1



Yes, sometimes.  
2



No, not at all!  
3



Score:

Do you wake up during the night because of your asthma?

Yes, all of the time.  
0



Yes, most of the time.  
1



Yes, sometimes.  
2



No, not at all!  
3



Score:

Continue on back.



# Childhood Asthma Control Test Parent Portion

During the <b>last four weeks</b> , how many days did your child have daytime asthma symptoms?						
Every Day 0	19-24 Days 1	11-18 Days 2	4-10 Days 3	1-3 Days 4	Not at All 5	Score:

During the <b>last four weeks</b> , how many days did your child wheeze during the day due to asthma?						
Every Day 0	19-24 Days 1	11-18 Days 2	4-10 Days 3	1-3 Days 4	Not at All 5	Score:

During the <b>last four weeks</b> , how many days did your child wake up during the night due to asthma?						
Every Day 0	19-24 Days 1	11-18 Days 2	4-10 Days 3	1-3 Days 4	Not at All 5	Score:

If your child's score is 19 or less, his or her asthma may not be under control. Be sure to discuss these results with your child's physician.



Total Score:
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## Additional Discussion Points

\*The answers to the questions below will not be added to your total score. These answers should be discussed with your child's physician.

1. **Does your child use tobacco, including any amount of cigarettes, cigars, pipes, or "chew"?**

Tobacco free (does not use tobacco)
 Current tobacco user
  
2. **Is your child exposed to tobacco or second-hand smoke?**

Not exposed to tobacco (not living with a tobacco user)  
 Exposed to tobacco (lives with at least one tobacco user)
  
3. **In the past 12 months, how many emergency department visits has your child had due to asthma (that did not result in hospitalization)?** \_\_\_\_\_
  
4. **In the past 12 months, how many inpatient hospitalizations has your child had due to asthma?** \_\_\_\_\_
  
5. **List any triggers for your child's asthma:**  


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