Childhood Asthma Control Test for children 4 to 11 years.

How to take the Childhood Asthma Control Test

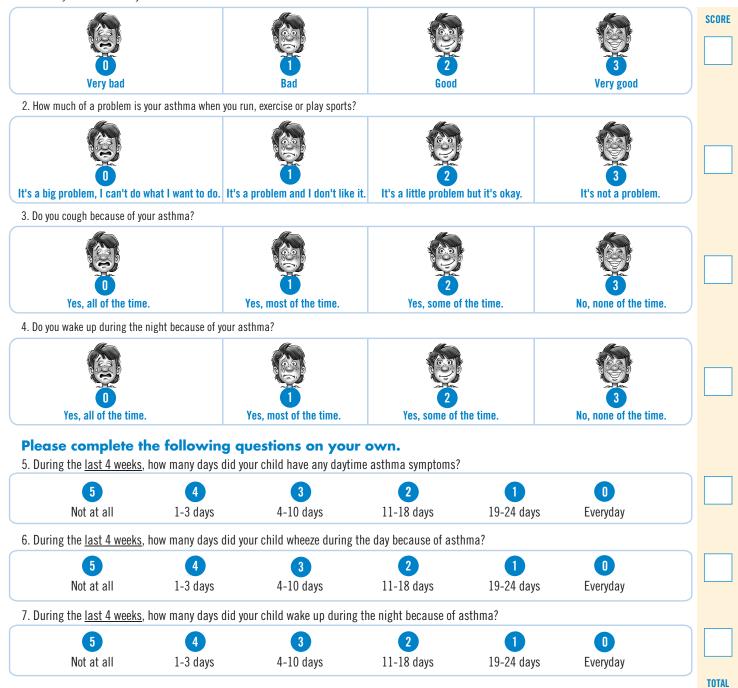
- Step 1 Let your child respond to the first four questions (1 to 4). If your child needs help reading or understanding the question, you may help, but let your child select the response. Complete the remaining three questions (5 to 7) on your own and without letting your child's response influence your 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?



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. Bring this test to your doctor to talk about your results.



Asthma Control Test[™] (ACT) is:

- A quick test that provides a numerical score to assess asthma control.
- Recognized by the National Institutes of Health (NIH) in its 2007 asthma guidelines.¹
- Clinically validated against spirometry and specialist assessment²

PATIENTS:1. Answer each question and write the answer number in the box to the right of each question.2. Add your answers and write your total score in the TOTAL box shown below.3. Discuss your results with your doctor.

1. In the pas	st 4 weeks , h	ow much of the	time did y	our asthma keep	o you from	getting as much	n done at	work, school o	r at home?
All of the time	1	Most of the time	2	Some of the time	3	A little of the time	4	None of the time	5
2. During th	ne past 4 we	eks , how often	have you	had shortness o	of breath?				
More than once a day		Once a day	2	3 to 6 times a week	3	Once or twice a week	4	Not at all	5
•	•	,		thma symptoms ual in the morni		g, coughing, sho	ortness of	f breath, chest	tightness
4 or more nights a we	eek 1	2 or 3 nights a week	2	Once a week	3	Once or twice	4	Not at all	5
4. During th	ne past 4 we	eks , how often	have you	used your rescu	e inhaler	or nebulizer me	dication	(such as albu	terol)?
3 or more times per d	tay 1	1 or 2 times per day	2	2 or 3 times per week	3	Once a week or less	4	Not at all	5
5. How wou	ld you rate y	our asthma coi	ntrol durin	g the past 4 we	eks?				
Not contro at all	lled 1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
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If your score is 19 or less, your asthma may not be under control.

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HEALTHCARE PROVIDER:

Include the ACT score in your patient's chart to track asthma control.

References: 1. US Department of Health and Human Services, National Institutes of Health, National Heart, Lung and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3 2007). NIH Item No. 08-4051. http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm. Accessed September 10, 2007. 2. Nathan RA et al. J Allergy Clin Immunol. 2004;113:59-65.

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