

**DOES MY CHILD HAVE ASTHMA?**

Student: _____ Date: _____

The purpose of this form is to help parents answer the question "is there a possibility that my child has asthma?" No paper and pencil test can completely answer this question. However, if you check no boxes below, the possibility of asthma is very unlikely. If possible, include your child to help answer these questions.

Does your child experience any of the following?:

- Frequent cough, worse particularly at night
- Wheezing or noisy breathing (especially when breathing out)
- Difficulty in breathing
- Complaints of chest tightness

Do these symptoms occur or worsen in the presence of:

- Exercise
- Viral Infection
- Animals with fur or hair
- House-dust mites (in mattresses, pillows, upholstered furniture, carpets)
- Mold
- Smoke (tobacco, wood)
- Pollen
- Changes in weather
- Strong emotional expression (laughing or crying hard)
- Airborne chemicals or dusts
- Menses

Do these symptoms occur or worsen at night, awakening you/your child?

- Yes No

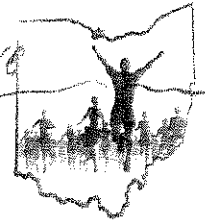
Do these symptoms make it difficult for you/your child to run, play, or work?

- Yes No

If you checked one or more items, it is important that you share this information with your health care provider. A complete asthma evaluation may be helpful, including a medical history, physical examination, lung tests, spirometry, and additional studies (i.e. radiology tests and allergy testing). Asthma is a common lung condition in childhood. We hope you will evaluate your child's health and seek special care if this seems wise. Together we can fight asthma.

Ohio School Asthma Initiative

STAY HOME OR GO TO SCHOOL?
Making the Decision



It's probably OK to go to school or work with any of these symptoms:

- Stuffy nose, but no wheezing
- A little wheezing that goes away with medicine
- Able to do usual daily activities with little to no difficulty breathing
- No extra effort needed to breathe
- Peak flow numbers or symptoms fall within the "green zone" of Asthma Action Plan (AAP)

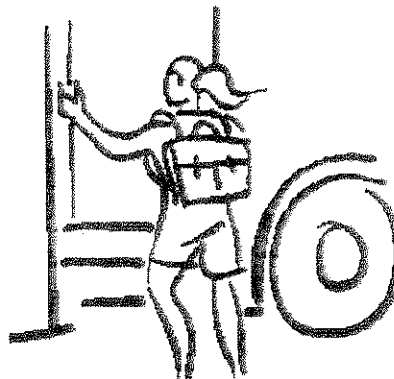
You should probably stay home and consult your health care provider if you have any of these symptoms:

- Infection, sore throat, or swollen, painful glands
- Fever over 100 degrees F orally or 101 degrees F rectally; face hot and flushed
- Have had a sleepless night due to asthma symptoms
- Wheezing, coughing, shortness of breath or chest tightness that still bothers you 2 hour after taking quick-relief medicine
- Weakness or tiredness that makes it hard to take part in usually daily activities
- Breathing with difficulty or breathing very fast; cannot speak a full sentence
- Peak flow score or symptoms fall within the "yellow zone" of the AAP even after taking quick relief medicine.

If you are in the Red Zone:

- Follow the emergency plan outlines in your AAP. If you have no AAP, call the doctor or emergency squad.

Source: National Asthma Education Program.
National Heart, Lung & Blood Institute (1997)



Asthma Control Test™ for teens 12 years and older. Know the score.

If your teen is 12 years or older have him take the test now and discuss the results with your doctor

Step 1 Write the number of each answer in the score box provided.

Step 2 Add up each score box for the total.

Step 3 Take the test to the doctor to talk about your child's total score.

1. In the past 4 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	A little of the time	4	None of the time	5
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2. During the past 4 weeks, how often have you had shortness of breath?

More than once a day	1	Once a day	2	1 to 5 times a week	3	Once or twice a week	4	Not at all	5
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3. During the past 4 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 4 weeks, how often have you used your rescue inhaier or nebulizer medication (such as albuterol)?

3 or more times per day	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
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5. How would you rate your asthma control during the past 4 weeks?

Not controlled at all	1	Poorly controlled	2	Somewhat controlled	3	Well controlled	4	Completely controlled	5
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The American Lung Association supports the Asthma Control Test and wants everyone 12 years of age and older with asthma to take it.

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Total

What does it mean if my child scores 19 or less?

- If your child's score is 19 or less, it may be a sign that your child's asthma is not under control.
- Make an appointment to discuss your child's asthma score with their doctor. Ask if you should change your child's asthma treatment plan.
- Ask your child's doctor about daily long-term medications that can help control airway inflammation and constriction, the two main causes of asthma symptoms. Many children may need to treat both of these on a daily basis for the best asthma control.



GlaxoSmithKline

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Childhood Asthma Control Test for children 4 to 11 years old.

Know the score.

This test will provide a score that may help your doctor determine if your child's asthma treatment plan is working or if it might be time for a change.

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.

**19
or less**

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. No matter what the score, bring this test to your doctor to talk about your child's results.

Have your child complete these questions.

1. How is your asthma today?



0

Very bad



1

Bad



2

Good



3

Very good

SCORE

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.

Please complete the following questions on your own.

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

5

Not at all

4

1-3 days/mo

3

4-10 days/mo

2

11-18 days/mo

1

19-24 days/mo

0

Everyday

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

5

Not at all

4

1-3 days/mo

3

4-10 days/mo

2

11-18 days/mo

1

19-24 days/mo

0

Everyday

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

5

Not at all

4

1-3 days/mo

3

4-10 days/mo

2

11-18 days/mo

1

19-24 days/mo

0

Everyday

TOTAL

Please turn this page over to see what your child's total score means.