Child Name: _____ MR# _____ Acct# _____ HHP ID: _____

Asthma Friendly Home Partnership: Asthma-CHEC

Recorder: _____ Date Filled out: _____ Period Covered: _____

In the last four weeks, how often:

	Not at All	One Time	2 times in last 4 wks	4 times in last 4 wks	8 Times in last 4 wks	More than 8 times
01. did you have your heating/cooling system on?	☐	☐	☐	☐	☐	☐
02. did you use candles, incense, or liquid air fresheners anywhere in your home?	☐	☐	☐	☐	☐	☐
03. did you notice lingering odors anywhere in your home?	☐	☐	☐	☐	☐	☐
04. did anyone smoke anywhere in your home?	☐	☐	☐	☐	☐	☐
05. allow pets to sleep in your child's room?	☐	☐	☐	☐	☐	☐

In the last four weeks, how often did you:

	Not at All	One Time	2 times in last 4 wks	4 times in last 4 wks	8 Times in last 4 wks	More than 8 times
06. fix or renovate something around your home?	☐	☐	☐	☐	☐	☐
07. have any kind of water leak in your home?	☐	☐	☐	☐	☐	☐
08. see any kind of insect pests in your home?	☐	☐	☐	☐	☐	☐
09. see any kind of rodents in your home?	☐	☐	☐	☐	☐	☐
10. apply pesticides anywhere in your home?	☐	☐	☐	☐	☐	☐
11. use a cool mist humidifier anywhere in your home?	☐	☐	☐	☐	☐	☐
12. vacuum, mop, or dust in your home?	☐	☐	☐	☐	☐	☐
13. use any kind of chemicals around your home?	☐	☐	☐	☐	☐	☐
14. use your stove to heat your kitchen	☐	☐	☐	☐	☐	☐
15. use a fireplace to heat your home	☐	☐	☐	☐	☐	☐

Your Child's Health Please tell us, in the last four weeks:

01. How many times did your child go to see a doctor because of their asthma? _____ Times

02. How many days has your child missed from school because of their asthma? _____ Days

03. How many times did your child have to go to the emergency room and/or hospital because of their asthma?
Hospital: _____ Times ED: _____ Times

Asthma Control Test (ACT) Please have your child answer the following questions about their asthma.

If your child is between 4 and 11 years old, have them answer the questions on the back of this page

If child is 12 yrs. & older, complete the section below:	**1**	**2**	**3**	**4**	**5**	
04. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at school, work or at home?	All the time ☐	Most of the time ☐	Some of the time ☐	A little of the time ☐	None of the time ☐	☐
05. During the past 4 weeks, how often have you had shortness of breath?	More than once a day ☐	Once a Day ☐	3 - 6 times a week ☐	once or twice a week ☐	Not at all ☐	☐
06. During the past 4 weeks, how often did your child 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 ☐	2 or 3 nights a week ☐	Once a week ☐	once or twice ☐	Not at all ☐	☐
07. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?	3 or more times a day ☐	1 or 2 times a day ☐	2 or 3 times a week ☐	once a week or less ☐	Not at all ☐	☐
08. During the past 4 weeks, how would you rate your asthma?	Not controlled at all ☐	Poorly Controlled ☐	Somewhat Controlled ☐	Well Controlled ☐	Completely Controlled ☐	☐

Enter Name

Enter Address

Enter City/State/Zip

Today's Date: _____

Patient's Name: _____

Childhood Asthma Control Test for children 4 to 11 years.

This test will provide a score that may help the 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. Bring this test to the doctor to talk about the 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, how many days did your child have any daytime asthma symptoms?

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday

☐

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

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday

☐

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

5 Not at all	4 1-3 days	3 4-10 days	2 11-18 days	1 19-24 days	0 Everyday

☐

TOTAL ☐