



Get a FREE
\$25 Gift Card!

Childhood Asthma Control Test

A quick test that provides a numerical score to assess your child's asthma control. **For children 4 to 11 years.**

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 answer number in the SCORE box to the right of each question.

STEP 3 Add up your answers and write your total score in the TOTAL box shown below.

STEP 4 Take this form to your next appointment and discuss your child's results with your provider.





**SAN FRANCISCO
HEALTH PLAN™**



Here for you

Have your child complete these questions.





1. How is your asthma today?

 Very Bad 0	 Bad 1	 Good 2	 Very Good 3
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SCORE







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

 It's a big problem, I can't do what I want to do. 0	 It's a problem and I don't like it. 1	 It's a problem but it's okay. 2	 It's not a problem. 3
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3. Do you cough because of your asthma?

 Yes, all of the time. 0	 Yes, most of the time. 1	 Yes, some of the time. 2	 No, none of the time. 3
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4. Do you wake up during the night because of your asthma?

 Yes, all of the time. 0	 Yes, most of the time. 1	 Yes, some of the time. 2	 No, none of the time. 3
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Complete the following questions on your own.

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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
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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
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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
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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 provider to talk about your child's results.

TOTAL



Mail your completed and signed form to us in the enclosed, self-addressed envelope or fax it to us at 1(415) 615-4547.

Get a FREE
\$25
Gift Card!

Once we receive it, we will mail you a **\$25 gift card**. It may take 4-6 weeks after we get your form to get your gift card.

You can receive only one gift card per calendar year for getting all your tests done.

All forms must be completed and signed by your provider.

Select one:

☐ **\$25 TARGET**

☐ **\$25 Walgreens**

MEMBER INFORMATION

Member Name: _____

Street Address: _____

City, State, Zip: _____

SFHP ID#: _____

PRIMARY CARE PROVIDER INFORMATION

Provider Name: _____

Clinic Name: _____

Street Address: _____

City, State, Zip: _____

Provider Phone: _____

X

PROVIDER SIGNATURE

DATE