

Asthma Control Test – Children 5 – 11 years

Assessment of asthma control in children aged 5-11 years of age¹

Please answer the following set of questions by circling either yes or no.

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| Has your asthma awakened you at night or early morning more than 2 times in the last month? | Yes No |
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| Are you using your blue inhaler on more than 2 days per week? | Yes No |
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| Is your asthma limiting your daily activities in any way? | Yes No |
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| Have you needed any urgent medical care for your asthma such as unscheduled visits to your doctor, an urgent care clinic or an emergency room? | Yes No |
|--|-----------|

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| If you are measuring your peak flow, has it been below your personal best? | Yes No |
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If you have answered yes to any of the questions above, your asthma may not be as well controlled as it could be. Symbicort SMART may help you control your asthma better.

Please print out this assessment and discuss the results with your doctor.

¹Adapted from the 2007 NIH Asthma Guidelines available from <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>