

# Test for Respiratory and Asthma Control in Kids (TRACK) Under 4 Years of Age

Date: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

Complete this form for the child whose name is printed above. There are no right or wrong answers. This simple test can help determine if your child's breathing problems are not under control.

					SCORE
<b>1. During the past 4 weeks, how often was your child bothered by breathing problems, such as wheezing, coughing or shortness of breath?</b> Not at all    Once or twice    Once every week    2 or 3 times a week    4 or more times a week <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0					
<b>2. During the past 4 weeks, how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?</b> Not at all    Once or twice    Once every week    2 or 3 times a week    4 or more times a week <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0					
<b>3. During the past 4 weeks, to what extent did your child's breathing problems, such as wheezing, coughing or shortness of breath, interfere with their ability to play, go to school or engage in usual activities that a child should be doing at his or her age?</b> Not at all    Slightly    Moderately    Quite a lot    Extremely <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0					
<b>4. During the past 3 months, how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (Albuterol)?</b> Not at all    Once or twice    Once every week    2 or 3 times a week    4 or more times a week <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0					
<b>5. During the past 12 months, how often did your child need to take oral corticosteroids (Prednisone) for breathing problems not controlled by other medications?</b> Never    Once    Twice    3 times    4 or more times <input type="checkbox"/> 20 <input type="checkbox"/> 15 <input type="checkbox"/> 10 <input type="checkbox"/> 5 <input type="checkbox"/> 0					
TOTAL =					

**Step 1:** Add up each score box to get your child's total score.  
**Step 2:** If your child's score is less than 80, your child's asthma may not be controlled as well as it could be.  
**Step 3:** If your child's score is 80 or more, their asthma may be under control. There are other factors that a doctor will consider when assessing your child's asthma control.  
**Step 4:** Bring a copy of this test to your child's next doctor appointment to discuss the results.

\*Originally adapted from Asthma Network-Mothers of Asthmatics and AstraZeneca. Adapted version is used with permission from the Tacoma Pierce County Health Department.