

McLaren Print System Order

Order No: 6675
Order Date: 2014-10-22
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Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms
Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 22.90

Item Number: MM-34614
Item Description: Childhood Asthma Control Test for children 4 to 11 years old
Revision Date:
Print: 2 sided full color
Paper: 32# Color Copy Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

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 questions, you may help, but for 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 test score.

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 If your child's score is 20 or less, it may be a sign that your child's asthma is not controlled as well as it could be. It's better what the score bring this test to your doctor to talk about your child's results.

Have your child complete these questions.

1. How easy is asthma to take? score

1 Very easy	2 Easy	3 Hard	4 Very hard	
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2. How much of a problem is your asthma when you run, exercise or play sports?

1 It's a big problem, I can't breathe I need to stop.	2 It's a problem and I don't like it.	3 It's a little problem but it's okay.	4 It's not a problem.	
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3. Do you cough because of your asthma?

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

1 Yes, all of the time.	2 Yes, most of the time.	3 Yes, some of the time.	4 No, none of the time.	
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Please complete the following questions on your own.

5. During the past 4 weeks, on average, how many days (see key) did your child have any daytime asthma symptoms?

1 Not at all	2 1-3 days	3 4-10 days	4 11-18 days	5 19-28 days	6 Everyday	
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6. During the past 4 weeks, on average, how many days (see key) did your child wake during the night because of asthma?

1 Not at all	2 1-3 days	3 4-10 days	4 11-18 days	5 19-28 days	6 Everyday	
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7. During the past 4 weeks, on average, how many days (see key) did your child wake up during the night because of asthma?

1 Not at all	2 1-3 days	3 4-10 days	4 11-18 days	5 19-28 days	6 Everyday	
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Please turn this page over to see what your child's total score means.

www.mclaren.com/asthma/Childhood-ACCT