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

1. During the past 4 weeks, how often was your child bothered by breathing problems, such as wheezing, coughing or shortness of breath?

Not at all	Once or twice	Once every week	2 or 3 times a week	4 or more times a week
☐ 20	☐ 15	☐ 10	☐ 5	☐ 0

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?

Not at all	Once or twice	Once every week	2 or 3 times a week	4 or more times a week
☐ 20	☐ 15	☐ 10	☐ 5	☐ 0

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?

Not at all	Slightly	Moderately	Quite a lot	Extremely
☐ 20	☐ 15	☐ 10	☐ 5	☐ 0

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)?

Not at all	Once or twice	Once every week	2 or 3 times a week	4 or more times a week
☐ 20	☐ 15	☐ 10	☐ 5	☐ 0

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?

Never	Once	Twice	3 times	4 or more times
☐ 20	☐ 15	☐ 10	☐ 5	☐ 0

TOTAL =