

Patient Name: _____ Date of Birth: _____ Today's Date: _____

What is TRACK?

TRACK is a simple 5-question test that can help assess respiratory and asthma control in patients between the ages of 12 months and 5 years. It addresses both the risk and impairment domains outlined in the NHLBI/NAEPP-3 Asthma Guidelines. TRACK is designed to be used by caregivers and interpreted by medical professionals.

Who should use TRACK?

This simple test can help determine if your child's breathing problems are not under control. The test was designed for children who

- Are under 5 years of age **AND**
- Have a history of 2 or more episodes of wheezing, shortness of breath, or cough lasting more than 24 hours **AND**
- Have been previously prescribed bronchodilator medicines, also known as quick-relief medications (eg, albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, or Xopenex®) for respiratory problems **OR** have been diagnosed with asthma

NOTE: TRACK is an assessment of patients with suboptimal respiratory or asthma control; this is NOT a diagnostic test.

How to take TRACK

Step 1: Make a check mark in the box below each of your selected answers.

Step 2: Write the number of your answer in the score box provided to the right of each question.

Step 3: Add up the numbers in the individual score boxes to obtain your child's total score.

Step 4: Take the test to your child's health care provider to talk about your child's total TRACK score.

	Score
<p>1. During the <u>past 4 weeks</u>, how often was your child bothered by breathing problems, such as wheezing, coughing, or shortness of breath?</p> <p>Not at all <input type="checkbox"/> 20 Once or twice <input type="checkbox"/> 15 Once every week <input type="checkbox"/> 10 2 or 3 times a week <input type="checkbox"/> 5 4 or more times a week <input type="checkbox"/> 0</p>	<input type="text"/>
<p>2. During the <u>past 4 weeks</u>, how often did your child's breathing problems (wheezing, coughing, shortness of breath) wake him or her up at night?</p> <p>Not at all <input type="checkbox"/> 20 Once or twice <input type="checkbox"/> 15 Once every week <input type="checkbox"/> 10 2 or 3 times a week <input type="checkbox"/> 5 4 or more times a week <input type="checkbox"/> 0</p>	<input type="text"/>
<p>3. During the <u>past 4 weeks</u>, to what extent did your child's breathing problems, such as wheezing, coughing, or shortness of breath, interfere with his or her ability to play, go to school, or engage in usual activities that a child should be doing at his or her age?</p> <p>Not at all <input type="checkbox"/> 20 Slightly <input type="checkbox"/> 15 Moderately <input type="checkbox"/> 10 Quite a lot <input type="checkbox"/> 5 Extremely <input type="checkbox"/> 0</p>	<input type="text"/>
<p>4. During the <u>past 3 months</u>, how often did you need to treat your child's breathing problems (wheezing, coughing, shortness of breath) with quick-relief medications (albuterol, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?</p> <p>Not at all <input type="checkbox"/> 20 Once or twice <input type="checkbox"/> 15 Once every week <input type="checkbox"/> 10 2 or 3 times a week <input type="checkbox"/> 5 4 or more times a week <input type="checkbox"/> 0</p>	<input type="text"/>
<p>5. During the <u>past 12 months</u>, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?</p> <p>Never <input type="checkbox"/> 20 Once <input type="checkbox"/> 15 Twice <input type="checkbox"/> 10 3 times <input type="checkbox"/> 5 4 or more times <input type="checkbox"/> 0</p>	<input type="text"/>
<p>Other brands mentioned herein are trademarks of their respective owners and are not trademarks of the AstraZeneca group of companies. The makers of these brands are not affiliated with and do not endorse AstraZeneca or its products.</p>	Total <input type="text"/>