

Today's Date: _____

Patient's Name: _____

TRACK™ Test for Respiratory and Asthma Control in Kids

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

For kids under 5 years of age

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

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 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 15 | <input type="checkbox"/> 10 | <input type="checkbox"/> 5 | <input type="checkbox"/> 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 |
| <input type="checkbox"/> 20 | <input type="checkbox"/> 15 | <input type="checkbox"/> 10 | <input type="checkbox"/> 5 | <input type="checkbox"/> 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 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?

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|
| 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 |

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, Ventolin®, Proventil®, Maxair®, ProAir®, Xopenex®, or Primatene® Mist)?

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|
| 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 |

5 During the past 12 months, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Prelone®, or Decadron®) for breathing problems not controlled by other medications?

| | | | | |
|-----------------------------|-----------------------------|-----------------------------|----------------------------|----------------------------|
| 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 |

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Total

Please see reverse side for an explanation of what your child's total TRACK score means.

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What does your child's TRACK score mean?

If your child's score is

Less than 80

Your child's breathing problems may not be under control

- Make sure you are following the treatment recommendations given to you by your child's health care provider

Talk with your child's health care provider about reasons why your child's breathing problems may not be under control

Ask your child's health care provider what steps might be taken to improve your child's respiratory and asthma control in order to reduce daytime and nighttime symptoms and to reduce the need to use quick-relief medications

If your child's score is

80 or more

Your child's breathing problems seem to be under control

Monitor your child's breathing problems on a regular basis and bring any concerns to the attention of his or her health care provider. Even though your child may not have breathing problems right now, these can come and go at any time

- Continue talking with the health care provider about your child's progress and which treatment plan is right for your child

Good respiratory and asthma control can help your child sleep better, participate in everyday activities, and suffer fewer recurring flare-ups of breathing problems

Talk to your child's health care provider about your child's TRACK score

The American Academy of Pediatrics (AAP) Quality Improvement Innovation Network (QIIN) participated in the validation of this tool

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