Asthma information
Below you will find some useful information to keep in mind as you and your child’s health care provider review your child’s TRACK score.

What is asthma?
Asthma is an ongoing condition that interferes with your child’s breathing. It should be noted that, when dealing with asthma in children, there is often some degree of inflammation in their lungs, even when no symptoms are present. As a result, their lungs are especially sensitive and easily irritated. When irritated, the lining of their airways swells, and mucus can begin to block the flow of air to their lungs. At the same time, the muscles around their airways become tight, making it hard to breathe and creating a variety of asthma symptoms.

Recognizing asthma triggers
Learning what can make your child’s asthma worse is important. Activities or things that can set off asthma symptoms — such as coughing, wheezing, or breathing difficulties — are called triggers. The following are common factors that can trigger asthma symptoms.

- Colds or viral infections
- Dust mites
- Animal dander and saliva
- Grass, tree, and weed pollen
- Airborne molds
- Exercise
- Foods or food additives (like preservatives used in salad bars)
- Cockroach droppings
- Strong odors/perfumes
- Fumes from gas stove or fireplace
- Aerosol sprays
- Cigarette smoke
- Wood/fireplace smoke
- Cold air
- Prolonged laughing or crying
- Reflux disease/heartburn
- Medications
- Emotional distress

Creating an asthma action plan
Coming up with an asthma action plan with your child’s health care provider is a great way to help keep your child’s asthma under control.

After developing the plan with your child’s health care provider, you’ll have a better understanding of

- The symptoms during each stage of your child’s action plan
- Common triggers to avoid
- When to use a long-term controller medicine, when to add a quick-relief bronchodilator medicine, and when to get immediate help from a doctor

Working with your child’s health care provider
Completing the TRACK test can help prepare you for your child’s next doctor visit. Some young children can outgrow asthma as they get older. Talk to your child’s health care provider about the Asthma Predictive Index, or API, which can help the provider predict whether your child may still have asthma in future years. In addition, it’s important to keep your child’s health care provider informed about

- Changes in your child’s environment (starting day care, introducing pets, etc.)
- Visits to the ER or treatment by other health care providers
- All medications your child has been taking since the last doctor visit
- Symptoms that may indicate an improvement or worsening of your child’s condition
- A family history of asthma

Ask your child’s health care provider for additional information about managing your child’s asthma.
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.

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 [20]
   - Once or twice [15]
   - Once every week [10]
   - 2 or 3 times a week [5]
   - 4 or more times a week [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 [20]
   - Once or twice [15]
   - Once every week [10]
   - 2 or 3 times a week [5]
   - 4 or more times a week [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 [20]
   - Slightly [15]
   - Moderately [10]
   - Quite a lot [5]
   - Extremely [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 [20]
   - Once or twice [15]
   - Once every week [10]
   - 2 or 3 times a week [5]
   - 4 or more times a week [0]

5. During the past 12 months, how often did your child need to take oral corticosteroids (prednisone, prednisolone, Orapred®, Preleone®, or Decadron®) for breathing problems not controlled by other medications?
   - Never [20]
   - Once [15]
   - Twice [10]
   - 3 times [5]
   - 4 or more times [0]

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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 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 (QuIN) participated in the validation of this tool.

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