

Components of Severity		Classification of Asthma Control (0-4 Years of Age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
I M P A I R M E N T	Symptoms	≤2 days/week	>2 days/ week	Throughout the day
	Nighttime awakenings	≤1x/month	>1x/month	>1x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short acting beta2-agonist use for symptom control**	≤2 days/week	>2 days/week	Several times per day
R I S K	Exacerbations requiring oral systemic corticosteroids	0-1 per year	2-3 per year	>3 per year
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment		<ul style="list-style-type: none"> ■ Maintain current treatment. ■ Regular follow-up every 1-6 months. ■ Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> ■ Step up 1 step and reevaluate in 2-6 weeks. ■ If no clear benefit in 4-6 weeks, consider alternative diagnoses or adjust therapy. ■ For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> ■ Consider short course of oral systemic corticosteroids. ■ Step up 1-2 steps, and reevaluate in 2 weeks. ■ If no clear benefit in 4-6 weeks, consider alternative diagnosis or adjusting therapy. ■ For side effects, consider alternative treatment options.
Adapted from the 2007 NAEPP Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. To access the complete report, go to: www.nhlbi.nih.gov/guidelines/asthma/asthgdin.pdf .				

Components of Severity		Classification of Asthma Control (5-11 Years of Age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
I M P A I R M E N T	Symptoms	≤2 days/week but not more than once on each day	>2 days/week or multiple times on ≤2 days/week	Throughout the day
	Nighttime awakenings	≤1x/month	>2x/month	≥2x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short acting beta2-agonist use for symptom control**	≤2 days/week	>2 days/week	Several times per day
	■ FEV ₁ or peak flow	>80% predicted/ personal best	60-80% predicted personal best	<60% predicted/ personal best
	■ FEV ₁ /FVC	>80%	75-80%	<75% predicted
R I S K	Exacerbations requiring oral systemic corticosteroids	0-1 per year	≥2 per year	
	Reaction in lung growth	Consider severity and interval since last exacerbation.		
	Treatment-related adverse effects	Evaluation requires long-term follow-up care. Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment		<ul style="list-style-type: none"> ■ Maintain current step. . ■ Regular follow-up every 1-6 months. ■ Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> ■ Step up 1 step and reevaluate in 2-6 weeks. ■ For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> ■ Consider short course of oral systemic corticosteroids. ■ Step up 1-2 steps, and reevaluate in 2 weeks. ■ For side effects, consider alternative treatment options.
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Components of Severity		Classification of Asthma Control (12 Years of Age and Older)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
I M P A I R M E N T	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤2x/month	1-3x/month	≥4x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short acting beta2-agonist use for symptom control**	≤2 days/week	>2 days/week	Several times per day
	■ FEV ₁ or peak flow	>80% predicted/ personal best	60-80% predicted personal best	<60% predicted/ personal best
	Validated questionnaires			
■ ATAQ*	0	1-2	3-4	
■ ACQ**	≤0.75	≥1.5	N/A	
■ ACT***	≥20	16-19	≤15	
R I S K	Exacerbations requiring oral systemic corticosteroids	0-1 per year	≥2 per year	
		Consider severity and interval since last exacerbation.		
	Reaction in lung growth	Evaluation requires long-term follow-up care.		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment	<ul style="list-style-type: none"> ■ Maintain current step. . ■ Regular follow-up every 1-6 months. ■ Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> ■ Step up 1 step and reevaluate in 2-6 weeks. ■ For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> ■ Consider short course of oral systemic corticosteroids. ■ Step up 1-2 steps, and reevaluate in 2 weeks. ■ For side effects, consider alternative treatment options. 	
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