Pediatric Asthma Impairment and Risk Questionnaire (Pediatric AIRQ®) Information for Health Care Providers

Pediatric AIRQ® Indications

The Pediatric AIRQ® is a childhood assessment tool intended to help identify children aged 5 to 11 years old whose health may be at risk because of uncontrolled asthma. This assessment is based on a series of parent/caregiver and child-facing questions about asthma medications, respiratory symptoms, and utilization of health care resources. Depending on the responses to these questions by parents/caregivers with input from their child, the child will receive a score reflecting their level of asthma control. After completion of the Pediatric AIRQ®, the parent/caregiver, child and child's health care provider should discuss the responses to each of the individual questions, the total Pediatric AIRQ® score, and the child's level of asthma control and form a treatment plan.

The Pediatric AIRQ® is not intended to:

- Diagnose asthma
- Replace the advice or treatment of a health care provider
- Direct specific actions to treat, mitigate, or improve asthma
- Collect or store any laboratory values or lung function test values
- Be completed by the child without the help of their parent/caregiver

Health Care Provider Instructions for Use

1. Provide parents/caregivers with the Pediatric AIRQ® during or immediately prior to their appointment to be completed by the parent/caregiver with input from their child.
2. Examine the responses to each of the individual questions, the total Pediatric AIRQ® score, and the child's level of asthma control.
3. Discuss responses to each of the individual questions, the total Pediatric AIRQ® score, and the child's level of asthma control with the parent/caregiver and child.
4. Determine a treatment plan with the parent/caregiver and child based on the information you've learned during your discussion and clinical assessment of the child, and through responses to the Pediatric AIRQ® questions.

Information on the Validation and Interpretation of Pediatric AIRQ®

1. Pediatric AIRQ® is an 8-item, equally weighted, yes/no composite asthma control questionnaire that includes 5 impairment and 3 risk items.
2. The Pediatric AIRQ® was validated against a standard of the GINA symptom control questions (impairment) + prior-year, chart-documented exacerbations (risk) in 399 children aged 5 to 11 years old who were previously diagnosed with asthma.
3. Multivariable logistic regression analyses were used to determine questions with the greatest validity in discriminating between children of varying levels of control.
4. A total of 8 questions were identified for inclusion in the Pediatric AIRQ®.
5. The Pediatric AIRQ® performed well with respect to the validation standard in identifying well-controlled vs not well-/very poorly controlled and well-/not well-controlled vs very poorly controlled asthma, with area under the ROC (receiver operating characteristic) curves of 0.86 and 0.85, respectively.
6. The combination of selected Pediatric AIRQ® items and cut points of control demonstrated a sensitivity of 0.79 to identify children whose asthma was well-controlled (cut point of ≥2 yes responses), and a specificity of 0.95 to determine children whose asthma was very poorly controlled (cut point of ≥5 yes responses).
7. For further information on the development and cross-sectional validation of the Pediatric AIRQ®, please refer to Murphy KR, et al. *J Allergy Clin Immunol Pract*. 2025;13(10):2659-2671 and Lanz MJ, et al. *Ann Allergy Asthma Immunol*. 2025;134(2):198-208.e2.

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Follow-up Pediatric AIRQ®

(Asthma Impairment and Risk Questionnaire)

PRECISION

For use by health care providers for their patients 5 to 11 years old who have been diagnosed with asthma. Pediatric AIRQ® is intended to be part of an asthma clinic visit.

These questions are about your child's asthma. This form should be completed by parents or caregivers with input from their child.

Please answer all of the questions below.

In the past 2 weeks, has your child's coughing, wheezing, shortness of breath, or chest tightness:

1. Occurred during the day on **5 or more days**? Yes No
2. Woke you or your child up from sleep on **any night**? Yes No

In the past 2 weeks, has coughing, wheezing, shortness of breath, or chest tightness:

3. Caused your child to use rescue medication (inhaler or nebulizer) on **2 or more days**? Yes No

ProAir RespiClick® (Teva Respiratory, LLC) or Albuterol sulfate

Proventil® HFA (Merck Sharp & Dohme Corp., a subsidiary of Merck & Co., Inc.) or Albuterol sulfate

Ventolin® HFA (GlaxoSmithKline) or Albuterol sulfate

Xopenex HFA® (Sunovion Pharmaceuticals Inc.) or Levalbuterol tartrate

Xopenex® (Sunovion Pharmaceuticals Inc.) or Levalbuterol HCl

Albuterol sulfate

Please see all prescribing information for all products.

In the past 2 weeks:

4. Did your child limit or stop planned activities because of their asthma symptoms? Yes No
5. Did asthma symptoms limit your child from being physically active (such as running, playing, gym class, doing sports)? Yes No

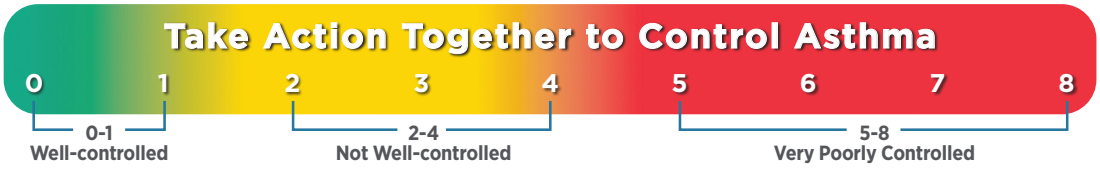
In the past 3 months, has coughing, wheezing, shortness of breath, or chest tightness:

6. Caused your child to take steroid pills, liquids, or shots such as prednisone or Medrol®*? Yes No
7. Caused your child to go to the emergency room, urgent care or have unplanned visits to a health care provider? Yes No
8. Caused your child to stay in the hospital overnight? Yes No

Total YES Answers ☐

What Does Your Child's Pediatric AIRQ® Score Mean?

The Pediatric AIRQ® is meant to help your child's health care providers talk with you and your child about your child's asthma control. The Pediatric AIRQ® does not diagnose asthma. Whatever your child's Pediatric AIRQ® score (total **YES** answers), it is important for your child's health care team to discuss the number and answers to each of the questions with you and your child. All patients with asthma, even those who may be well-controlled, can have an asthma attack. As asthma control worsens, the chance of an asthma attack increases.[1] Only your child's medical provider can decide how best to assess and treat your child's asthma.



SCAN here to visit airqscore.com

*Medrol® (Pfizer, Inc.) or methylprednisolone

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[1]Global Strategy for Asthma Management and Prevention: ©2026 Global Initiative for Asthma