

Asthma Check-Up Questionnaire

Concerns:

What is your quick-relief/rescue medication for asthma?

What is/are your asthma controller(s)?

Your typical asthma symptoms (circle all that apply):

Wheezing Cough Shortness of breath
Chest tightness Chest pain

Other: _____

Timing of symptoms (circle all that apply):

randomly throughout the day
in the early a.m.
in the early p.m.
in the middle of the night
24 hours a day
during exercise
following exercise
associated with change in air temperature
associated with laughter
when upset
following exposure to: _____

PATIENT STICKER

Chronic asthma control (last 12 months):

asthma attacks/yr: _____

days missed from activities/yr due to asthma: _____

refills/yr of albuterol used: _____

Recent asthma control (last four weeks):

Do you use your rescue inhaler (albuterol or Xopenex) more than 2x/week? Yes No

Are you awakened at night with coughing or wheezing more than 2x/month? Yes No

Do you use an Asthma Action Plan: Yes No

Home environment contains (circle all that apply):

smokers
carpet in bedroom
down pillow/comforter on bed
visible mold
dog exposure
cat exposure
other pet exposure: _____

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