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: ________________________________

**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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Wheezing  Cough  Shortness of breath

Chest tightness  Chest pain

Other: ______________________________________

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Do you use an Asthma Action Plan:  Yes  No

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