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: ________________________________