



## 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: \_\_\_\_\_