

**IF YOU ARE NOT HERE FOR ASTHMA RELATED SYMPTOMS PLEASE DO NOT COMPLETE**

Are you having (Asthma) breathing problems:  Yes  No  
How many years have you had symptoms:  less than 1  1-3  4-10  11-30  over 30  
Trend of asthma severity:  Unchanged  Improving  Worsening  
Steroid (Prelone, Pediapred, Prednisone) bursts in past year:  0  1-2  3-5  6-10  over 10

**Please answer yes or no to each of the following:**

ER visits for asthma in past year:  Yes  No      How many in past year: \_\_\_\_\_  
Hospitalized for asthma in past year:  Yes  No      How many in past year: \_\_\_\_\_  
Intensive care unit for asthma:  Yes  No  
Does patient have peak flow meter:  Yes  No  
Had a chest X-ray in the past year:  Yes  No  
If yes:  Normal  Abnormal

**Please indicate if you have had any of the following treatments.**

**If you did have the treatment, please indicate if it was helpful or not helpful.**

Oral steroids (prednisone) or steroid shot in past:  No  Yes-Helpful  Yes-Not Helpful  
Inhaled steroids (Pulmicort, Asmanex, Flovent, etc):  No  Yes-Helpful  Yes-Not Helpful  
Combination inhalers (Advair, Symbicort, Dulera, etc):  No  Yes-Helpful  Yes-Not Helpful  
Singulair, Accolate, or Zflo:  No  Yes-Helpful  Yes-Not Helpful  
Home nebulizer machine:  No  Yes-Helpful  Yes-Not Helpful  
Spacer device (attachment for inhaler):  No  Yes-Helpful  Yes-Not Helpful  
Rapid-acting inhalers (Albuterol, Proventil, Proair, Ventolin, etc):  No  Yes-Helpful  Yes-Not Helpful

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Are you being treated for Asthma:             Yes             No

**Patient is 12 years or older**

How much of a problem is your asthma when you run, exercise or play sports:

- It's a big problem – I can't do what I want to
- It's a problem and I don't like it
- It's a little problem but it's ok
- It's not a problem

During the past 4 weeks:  
Have you missed any work or school due to asthma:

Yes             No

How much of the time did your asthma keep you from getting as much done at work, school, or at home:

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

How often have you had shortness of breath:

- More than once a day
- Once a day
- 3-6 times a week
- Once or twice a week
- Not at all

How often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness, or pain) wake you up at night or earlier than usual in the morning:

- 4 or more nights a week
- 2 or 3 nights a week
- Once a week
- Once or twice
- Not at all

How often have you used your rescue inhaler or nebulizer medication (such as albuterol):

- 3 or more times per day
- 1 or 2 times per day
- 2 or 3 times per week
- Once a week or less
- Not at all

How would you rate your asthma control:

- Not controlled at all
- Poorly controlled
- Somewhat controlled
- Well controlled
- Completely controlled

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**Patient is 4-11 years old (Please have child answer next 4 questions)**

How is your asthma today:                     Very Bad  
    Bad  
    Good  
    Very good

How much of a problem is your asthma when you run, exercise or play sports:    It's a big problem – I can't do what I want to do  
    It's a problem and I don't like it  
    It's a little problem but it's OK  
    It's not a problem

Do you cough because of your asthma:    Yes – all of the time  
    Yes – most of the time  
    Yes – some of the time  
    No – none of the time

Do you wake up during the night because of your asthma:    Yes – all of the time  
    Yes – most of the time  
    Yes – some of the time  
    No – none of the time

**During the past 4 weeks, on average, how many days (Answer by parent or care giver)**

Did your child have any daytime asthma symptoms:    None  
    1-3 days/month  
    4-10 days/month  
    11-18 days/month  
    19-24 days/month  
    every day

Did your child wheeze during the day because of asthma:    None  
    1-3 days/month  
    4-10 days/month  
    11-18 days/month  
    19-24 days/month  
    every day

Did your child wake up during the night because of asthma:    None  
    1-3 days/month  
    4-10 days/month  
    11-18 days/month  
    19-24 days/month  
    every day