

Name \_\_\_\_\_

Date \_\_\_\_\_

Primary Doctor \_\_\_\_\_

DOB \_\_\_\_\_

Insurance \_\_\_\_\_

HMO  PPO

### A FEW QUESTIONS ABOUT YOUR ASTHMA...

*Parents, please answer for your children who are too young to complete this themselves!*

1. Overall, how is your asthma?
  - About the same
  - Better than usual
  - Worse than usual
2. During the past month, has your asthma caused you to miss school or other activities?
  - Yes
  - NoHow many days? \_\_\_\_\_
3. During the last month, have you woken up at night because of wheezing, coughing or other asthma symptoms?
  - Yes
  - NoHow many nights? \_\_\_\_\_
4. Over the past 3 months, have you gone to the emergency room, urgent care, or urgent office visit because of your asthma?
  - Yes
  - No
5. How often would you say you use your rescue inhaler (albuterol or Xopenex)?
  - More than once a day
  - Once a day
  - 2-3 times a week
  - Occasionally
6. Do you have a peak flow meter?
  - Yes
  - No
  - I don't know
7. Have you been taught, and do you understand how to use your asthma medications?
  - Yes
  - No
8. Do you know what can trigger asthma and what you can do to prevent an asthma attack?
  - Yes
  - No
9. Do you have a written asthma action plan?
  - Yes
  - No