### Asthma History

1. **What age were you diagnosed with asthma?**
   - _____ years old

2. **When was your last hospitalization or emergency department visit for asthma, if ever?**

3. **Have you had to take oral prednisone or another oral steroid for your asthma in the last 12 months?**
   - □ Yes □ No □ Unsure

4. **Have you ever used a daily inhaled steroid (e.g. Pulmicort, Symbicort, Flovent, Advair)?**
   - □ Yes □ No □ Unsure
   - If yes, what was the name of the medication? ___________________
   - How long did you use the medication? ______ □ months □ years

5. **What activities or routines have you had to limit in the last 12 months because of your asthma?**

6. **Have you received a pneumococcal vaccine as an adult?**
   - □ Yes □ No □ Unsure

7. **Do you receive an annual influenza vaccine?**
   - □ Yes □ No □ Unsure

8. **Check all of the following conditions that may apply to you:**
   - □ nasal allergies, year round
   - □ sinus infections
   - □ shortness of breath
   - □ chest tightness
   - □ wheezing
   - □ sputum production
   - □ eczema, allergic skin problem
   - □ smoke _____ packs/day
   - □ nasal allergies, seasonal
   - □ nasal polyps
   - □ gastric reflux (heartburn)
   - □ chronic bronchitis

9. **Are you currently receiving allergy shots treatment?**
   - □ Yes □ No

### Asthma Symptoms

I have experienced the following asthma symptoms:

- □ daytime cough
- □ nighttime cough
- □ shortness of breath
- □ chest tightness
- □ wheezing
- □ sputum production

If you have seasonal symptoms, which season(s) are worse for you?

- □ Spring
- □ Summer
- □ Fall
- □ Winter

### Asthma Symptom Control

In the past **4 weeks** have you had:

- □ Daytime symptoms more than twice a week? □ Yes □ No
- □ Any nighttime waking due to asthma? □ Yes □ No
- □ Rescue inhaler (Albuterol, Ventolin, Xopenex) needed more than twice a week? □ Yes □ No
- □ Any activity limitation due to asthma? □ Yes □ No

**FOR PROVIDER USE:**

- □ Well controlled
- □ Partially controlled
- □ Uncontrolled

### Asthma Triggers

The following cause and/or worsen my asthma symptoms:

- □ Exercise
- □ Smoke (tobacco/wood)
- □ Dust/dust mites
- □ Foods or food additives
- □ Weather changes
- □ Mold/mildew
- □ Respiratory infection, colds
- □ Pollen
- □ Animals
- □ Cold air
- □ Medications-beta blockers, advil, ibuprofen, aspirin or other nsaid
- □ Strong odors
- □ Strong emotional responses or stress (laughing/crying, fear or anger)
- □ Air pollutants
- □ Other:

**What other questions about your asthma do you have today?**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________