## 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  
   - 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?  
   - Any nighttime waking due to asthma?  
   - Rescue inhaler (Albuterol, Ventolin, Xopenex) needed more than twice a week?  
   - Any activity limitation due to asthma?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>African American</th>
<th>Uncontrolled</th>
<th>Uncontrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

FOR PROVIDER USE:

Well controlled  
None of these  
Partly controlled  
1-2 of these  
Uncontrolled  
3-4 of these

## 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 nsaids  
- 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?

_______________________________________________

___________________________________________________________________

___________________________________________________________________________________________________________

R: 8/24/22