

Asthma Symptoms Checklist

1. Have you experienced any of the following symptoms?

- Wheezing
- Coughing
- Tightness in chest
- Difficulty breathing

2. When do your symptoms begin to flare?

- After exercise or other strenuous activities
- Early in the morning
- Late at night
- Around allergy triggers (i.e., pets, pollen, dust)
- Other time

3. What triggered your symptoms?

- Dust
- Mold
- Stress
- Pet Dander
- Other

4. Did these symptoms cause you to regularly miss out on any activities?

- Yes
- No

5. Does your coughing and/or wheezing continuously cause you to lose sleep?

- Yes
 - No
-

6. Does anyone in your family have long-term asthma?

Yes

No

7. In the past month, how many asthma attacks have you had?

0

1-2

3-4

More than fore

8. Are you currently using a daily controller medication to help manage symptoms and asthma attacks?

Yes

No

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