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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