

Lockport Pediatrics Asthma Questionnaire

Name: _____

Date: _____

Current Asthma Medications

(Mark all that apply)

Rescue Medication:

- Albuterol- inhaler/nebulizer

Controller Medication:

- Pulmicort – flexhaler/nebulizer
- Flovent – 44mcg/110mcg
- Advair Diskus – 100/50; 250/50; 500/50
- Asmanex- 110/220
- Symbicort – 90/180
- QVAR – 40/80
- Singulair – 4mg/5mg/10mg

Other: _____

Asthma Related Questions

When was your last asthma-related visit? _____

When was your last spirometry test? _____

Do you use a spacer?

Yes no

Has your asthma been well controlled over the last month?

Yes No

Have you been prescribed oral steroids for asthma within the last 2 months?

Yes No

Do you refill your albuterol inhaler more than two times per year?

Yes No

Do you see a specialist for your asthma?

Allergist Pulmonologist No

How often do you have asthma symptoms? < 2 times per week > 2 times per week daily continuously

How often do you suffer from asthma symptoms during physical activity?

Always Frequently Occasionally Never

How often do you use your quick relief inhaler?

< 2 times per week > 2 times per week daily

How often do you awake with asthma symptoms?

< 2 times/month > 2 times/month > 1 time/week

Do you have allergies? Yes No

If yes, what do you use to treat them?

Zyrtec Claritin Allegra Benadryl Flonase Nasonex

Did you receive the flu vaccine this year?

Yes No

What asthma symptoms are you currently suffering from? (Mark all that apply)

Coughing Wheezing Chest tightness Difficulty breathing

How **do you** view your asthma control?

Well Fair Poor

How **do your parents/guardian** view your asthma control?

Well Fair Poor