

## ASTHMA HISTORY

Date \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ PLID# \_\_\_\_\_

1. When were you first diagnosed with asthma? Month \_\_\_\_\_ Year \_\_\_\_\_

2. Last asthma episode? \_\_\_\_\_ How many episodes in the last year? \_\_\_\_\_

Any ER visits? Yes / No Hospitalized? Yes / No Ever had a breathing tube put in for asthma? Yes / No

3. Put an **X** next to the **best description** of your asthma symptoms **before treatment was first begun**:

\_\_\_\_ **Continual symptoms**; limited physical activity; frequent asthma attacks; frequent nighttime symptoms

\_\_\_\_ **Daily symptoms** & use of "rescue inhaler", asthma affects activity/**occurs 2 or more times/week**; may last days; nighttime symptoms over 5 X month

\_\_\_\_ Symptoms **more than 2 X week, but less than 1 X day**; asthma may affect activities; night time symptoms 3-4 X month

\_\_\_\_ Symptoms **less than 2 X week**; no symptoms & normal peak flow between attacks; nighttime <2 X month

4. List Medications used for asthma below: How often do you use each?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the medication control your asthma? Yes / No / Sometimes

6. What worsens your asthma? Exercise / Pollens / Smoke / Colds / Animals / Other \_\_\_\_\_

7. Do you smoke? Yes / No If yes, \_\_\_\_\_ cigs./ cigars/ day. Use other tobacco products? \_\_\_\_\_  
Are you constantly around someone who smokes? Yes / No \_\_\_\_\_

8. Does asthma limit any activity? Yes / No If so, how often? \_\_\_\_\_

9. Do you use a Peak flow meter? Yes / No Spacer? Yes / No  
If so, brand (s) \_\_\_\_\_ last used? \_\_\_\_\_

10. How many times in the last year were you given steroids, injections or pills? \_\_\_\_\_

11. Have you ever seen an asthma specialist? Yes / No When? \_\_\_\_\_ Where? \_\_\_\_\_

12. When was the date of your last asthma checkup? \_\_\_\_\_

13. Have you ever received specific education on asthma? Yes / No When? \_\_\_\_\_

14. Who currently treats your asthma? \_\_\_\_\_  
Name Address Phone

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Provider / title