

QUESTIONS ABOUT YOUR BREATHING

Please answer the questions below for **ONLY THE PATIENT** seeing the doctor today, you **OR** your child.

Name: _____

Date of Birth: _____

Today's Date: _____

1. Have you/has your child had shortness of breath, coughing, wheezing (whistling in the chest) during the day?

Yes No

2. Have you/has your child had breathing trouble at night or early in the morning Yes No

3. Has breathing trouble kept you/kept your child from school/work/normal activities? Yes No

4. Have you/has your child ever been to a doctor, urgent care, emergency room or a hospital for breathing trouble? Yes No

5. Do you/does your child get colds that settle in the chest, or coughing that lasts 10 days or more after a cold is gone?

Yes No

6. Have you/has your child ever needed steroid pills or syrup (prednisone, prednisolone, prelone) for breathing trouble?

Yes No

If yes, how many times has this happened? _____

7. Have you/has your child ever taken any other medicine (pills, inhalers, puffers, syrup) for breathing trouble? Yes No

If yes, please list: _____

8. Do you/does your child have a history of eczema, hay fever or other allergies, including foods? Yes No

If yes, please tell us about them: _____

9. At what age did you/did your child start having breathing trouble? _____

10. Do any blood relatives (parent, brother, sister, child) have:

Asthma Allergies

11. Do you or anyone in the family smoke? Yes No

12. Are you/is your child ever in smoky places? Yes No

13. Check any of the things that make your/your child's breathing worse, or tell us about others.

Breathing in chemicals, dusts, fumes at work

Colds or flu

Strong odors, like cleaners or perfumes

Animals

Weather

Dust

Exercise

Pollen and mold

Cigarette and other smoke

Medicines: _____

Other things: _____

Please list any medicine that you/that your child takes: _____

Thank you for your help! Please give this form to the doctor who sees you/your child today.