

MaineHealth

ASTHMA SYMPTOM ASSESSMENT

These 6 questions help us know how well the asthma treatment plan is working for you/your child.

Please answer the questions below:	Yes	No
During the last 4 weeks, have you/your child had any asthma symptoms during the day that last for more than a few minutes. Has that happened more than twice a week?		
During the last 4 weeks, have you/your child's asthma caused any problems with activities like running or playing? Have you/your child missed work or school due to asthma?		
During the last 4 weeks, have you/your child had to use quick relief medicines more than twice a week to help control asthma symptoms? This would not include medicines used before exercise.		
During the last 4 weeks, have you/your child's asthma woken them up at night? Have you/your child had night coughing due to asthma?		
Since your last visit, have you been to/taken your child to a quick care or emergency room because of asthma symptoms?		
Since your last visit, have you/your child taken liquid or pill steroid medicine like prednisone for asthma?		
Total		

Level of Asthma Symptom Control	Well Controlled	0 YES answers
	Partly Controlled	1-2 YES answers
	Uncontrolled	3 or more YES answers