

Asthma Record

Print, complete, and discuss this record at follow-up visits with your doctor.

- 1.** Over the past few weeks, I have had asthma symptoms, such as wheezing, tightness in my chest, shortness of breath, or coughing:

During the daytime? yes no

During the night, waking me up?
 yes no

While I'm exercising or just after?
 yes no

- 2.** I have been using my rescue inhaler more often. yes no

- 3.** I had to skip things I wanted to do because of my asthma. yes no

If yes, what kinds of activities?

In recent months:

- 4.** My asthma caused me to miss school or work. yes no

- 5.** My asthma caused me to visit the hospital or emergency room. yes no

- 6.** I have questions or concerns about my asthma or my Asthma Action Plan. yes no

If yes, what would I like to know more more about?

