

# QUESTIONS ABOUT YOUR BREATHING

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

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?

Yes  No

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

If yes, please list allergies:

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

10. At what age did you/did your child start having breathing trouble? \_\_\_\_\_

11. Do any close relatives (parent, brother, sister, child) have:

Asthma  Allergies

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

13. Are you/is your child in smoky places often?  Yes  No

14. Are there pets in the home?  Yes  No

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.