Asthma Pre-Visit Questionnaire

Please answer each question

Name: _____

DOB: _____

1. What you would like to discuss at your child's visit?

_____

_____

_____

2.Since your last visit with us, have ***respiratory problems*** resulted in any of the following events:

	YES	NO	NUMBER
urgent care visits (Not ER/ED)	☐	☐	_____
daycare/school day loss	☐	☐	_____
ICU admissions	☐	☐	_____
Oral steroid "bursts"	☐	☐	_____

3. ***When well***, does your child have cough, wheezing or shortness of breath:

	YES	NO	Rare/Often
during the day	☐	☐	_____
with activity	☐	☐	_____
with sleep	☐	☐	_____

4.*When well*, does your child require rescue meds like ALBUTEROL or XOPENEX for symptom treatment:

	YES	NO	Rare/Often
during the day	☐	☐	_____
during the night	☐	☐	_____

5. *Since your last visit*, has your child experienced any of the following problems:

	YES	NO	Rare/Often
Sinusitis (sinus infection)	☐	☐	_____
ear infections	☐	☐	_____
allergic drainage	☐	☐	_____
snoring	☐	☐	_____
eczema flare	☐	☐	_____
mucus with cough	☐	☐	_____

6. Is your child ***presently*** exposed to the following:

	YES	NO	Rare/Often
wood burning	☐	☐	_____
home water damage/mold	☐	☐	_____
pets in the home	☐	☐	_____
roaches in the home	☐	☐	_____
daycare / school	☐	☐	_____

7. Are you experiencing any of the following ***barriers*** to respiratory health:

	YES	NO
my child **resists** taking medications	☐	☐
forget to give/take medications	☐	☐
steroid use frightens me	☐	☐

8. Do you prefer alternative medical treatments to standard medications? YES ☐ NO ☐

9. Review of Systems: Circle any symptoms your child is *currently* experiencing:

Overall Wellbeing:
- ☐Weight Loss
- ☐Fever or Chills
- ☐Easy Fatigue
- ☐Activity Disinterest

Vision/Hearing:
- ☐Blurry vision
- ☐Eye discomfort
- ☐Eye drainage
- ☐Hearing change
- ☐Vision change

Skin:
- ☐Eczema
- ☐Rashes
- ☐Hives
- ☐Skin color change

Cardiac:
- ☐Excessive sweating
- ☐Racing heart
- ☐Chest pain
- ☐Fainting
- ☐Skipped beats

Gastrourinary:
- ☐Increased urine
- ☐Decreased urine
- ☐Pain on urination
- ☐Menstrual change

Gastrointestinal:
- ☐Vomiting
- ☐Diarrhea
- ☐Stomach pain
- ☐Nausea
- ☐Heartburn

Neurologic:
- ☐Headache
- ☐Dizziness
- ☐Clumsiness
- ☐Difficulty walking

Musculoskeletal:
- ☐Muscle pain
- ☐Joint swelling
- ☐Joint stiffness
- ☐Weakness

Bleeding Issues:
- ☐Easy bruising
- ☐Nose bleeds
- ☐Blood in urine
- ☐Blood in stool

Hormonal:
- ☐Hair loss
- ☐Excess hair growth
- ☐Cold intolerance
- ☐Heat intolerance

☐ **None of the above**

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