



**PEDIATRIC
ASSOCIATES
OF KINGSTON**

Taking Exceptional Care of the
Next Generation since 1967



**BREASTFEEDING
CENTER**

Date: _____

**Asthma Assessment
Impairment and Risk
5 yr and older**

Patient Name: _____ DOB: _____

Impairment assessment

In the past 2-4 weeks how often:

1. Have you experienced cough, recurrent wheezing, shortness of breath, difficulty breathing, recurrent chest tightness
 - a) Less than 2 days a week
 - b) More than 2 days a week but not daily
 - c) Daily
 - d) Throughout the day
2. Have you experienced nighttime awakenings
 - a) Less than 2 times a month
 - b) 3-4 times a month
 - c) More than once a week but not nightly
 - d) Often 7 time a week
3. How often have you used Albuterol to control your symptoms (not to prevent exercise induced asthma)
 - a) Less than 2 days a week
 - b) More than 2 days a week but not daily and not more than once on any given day
 - c) Daily
 - d) Several times a day
4. Have your symptoms interfered with your normal daily activities ie. sports, chores, playing etc.
 - a) None
 - b) Minor limitation
 - c) Some limitation
 - d) Extremely limited

Risk assessment

1. In the past year have you been prescribed oral steroids to treat cough or lingering cough, recurrent wheezing, shortness of breath or difficulty breathing, recurrent chest tightness
 - a) Zero
 - b) Once
 - c) Twice
 - d) More than twice