



Asthma Checklist

Name _____

Date of birth _____

Date of doctor visit _____

Possible Changes to Asthma Symptoms	More Often	About the Same	Less Often
Shortness of breath			
Coughing, especially at night			
Wheezing			
Tightness or pressure in the chest			
Awakenings during sleep			
Using quick-relief inhaler			

Have you noticed any side effects from any of the medications since your last visit?

**How many times have you used a quick-relief inhaler since your last visit?
Do not count using your quick-relief inhaler to prevent exercise-induced bronchospasm.**
