

## Is Your Asthma Under Control?

Answer these questions by checking “yes” or “no.”

Complete this form and bring it in with you each time you visit your doctor (PCP).

### In the past two weeks:

1. Have you coughed, wheezed, felt short of breath or had chest tightness:
  - During the day?  yes  no
  - At night, causing you to wake up?  yes  no
  - During, or soon after exercise?  yes  no
2. Have you needed more “quick-relief”\*  
medicine than usual?  yes  no
3. Has your asthma kept you from doing  
*anything* you wanted to do?  yes  no
4. Have your asthma medicines caused you  
any problems, like shakiness, sore throat  
or upset stomach?  yes  no

### In the past few months:

5. Have you missed school or work because  
of your asthma?  yes  no
6. Have you gone to the emergency room or  
hospital because of your asthma?  yes  no

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### What your answers mean

*All “no” answers?*

Your asthma is under control.

*One or more “yes” answers?*

Something needs to be done. Ask your doctor what is best for you to get your asthma under better control.

\*Quick-relief medicine gives you quick, temporary relief during an asthma attack. These drugs help stop an asthma attack after it has started and help prevent expected attacks.

*Adapted from National Institutes of Health, National Heart, Lung, and Blood Institute, Controlling your Asthma.*