

# Asthma Symptoms Checklist



## 1. Have you experienced any of the following symptoms?

- ☐ Wheezing
- ☐ Coughing
- ☐ Tightness in chest
- ☐ Difficulty breathing

## 2. When do your symptoms begin to flare?

- ☐ After exercise or other strenuous activities
- ☐ Early in the morning
- ☐ Late at night
- ☐ Around allergy triggers (i.e., pets, pollen, dust)
- ☐ Other time

## 3. What triggered your symptoms?

- ☐ Dust
- ☐ Mold
- ☐ Stress
- ☐ Pet Dander

☐ Other

**4. Did these symptoms cause you to regularly miss out on any activities?**

☐ Yes

☐ No

**5. Does your coughing and/or wheezing continuously cause you to lose sleep?**

☐ Yes

☐ No

**6. Does anyone in your family have long-term asthma?**

☐ Yes

☐ No

**7. In the past month, how many asthma attacks have you had?**

☐ 0

☐ 1-2

☐ 3-4

☐ More than fore

**8. Are you currently using a daily controller medication to help manage symptoms and asthma attacks?**

☐ Yes

☐ No

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