



**PEDIATRIC  
ASSOCIATES  
OF KINGSTON**

Taking Exceptional Care of the  
Next Generation since 1967



**BREASTFEEDING  
CENTER**

Date: \_\_\_\_\_

**Asthma Follow-up  
Impairment and Risk  
5-11 year**

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 but not more than once on each day
  - b) More than 2 days a week or multiple times on less than 2 days a week
  - c) Throughout the day
2. Have you experienced nighttime awakenings
  - a) Less than 1 time a month
  - b) More than 2 times a month
  - c) More than 2 times 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
  - c) Several times a day
4. Have your symptoms interfered with your normal daily activities ie. sports, chores, playing etc.
  - a) None
  - b) Some limitation
  - c) 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