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

### 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