



Jeffery R. Kile, MD, MHA | Amy Flaherty, PA-C  
John C. Gaudio, MD | Darnetta Yusko, CRNP, IBCLC  
Michelle K. Sudo, DO | Allen Sabatino, CRNP  
Steven J. Leung, MD  
Alvaro G. Reymunde, MD  
Aimee M. Johnson, MD



425 Tioga Ave, Kingston, PA 18704 | O: 570-288-6543 | F: 570-288-7130 | [kingstonpeds.com](http://kingstonpeds.com)

## Asthma Assessment Impairment and Risk 5 yr and older

### 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
  - b) More than 2 days a week but not daily
  - c) Daily
  - d) Throughout the day
2. Have you experienced nighttime awakenings
  - a) Less than 2 times a month
  - b) 3-4 times a month
  - c) More than once a week but not nightly
  - d) Often 7 time 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 but not daily and not more than once on any given day
  - c) Daily
  - d) Several times a day
4. Have your symptoms interfered with your normal daily activities ie. sports, chores, playing etc.
  - a) None
  - b) Minor limitation
  - c) Some limitation
  - d) 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

