

**ASTHMA MANAGEMENT**  
**Initial Assessment**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**DOB** \_\_\_\_\_ **ID#** \_\_\_\_\_

For use by the clinician to guide the assessment of a child with symptoms suggestive of asthma

**HISTORY:**

**1. Symptoms**

\_\_\_ Daytime cough \_\_\_ Daytime wheezing \_\_\_ SOB \_\_\_ Chest tightness \_\_\_ Sputum production  
\_\_\_ Nighttime cough \_\_\_ Nighttime wheezing \_\_\_ Interrupted sleep due to symptoms

**2. Patterns of Symptoms**

\_\_\_ Perennial, seasonal, or both \_\_\_\_\_  
\_\_\_ Continual, episodic, or both \_\_\_\_\_  
\_\_\_ Onset, duration, frequency (# of days or nights per week or month) \_\_\_\_\_  
\_\_\_ Diurnal variations, esp. nocturnal & on awakening in early morning \_\_\_\_\_

**3. Precipitating and/or aggravating factors**

\_\_\_ Viral respiratory infections \_\_\_\_\_ Environmental allergens (indoors/outdoors)  
\_\_\_ Exercise \_\_\_\_\_ Irritants (tobacco smoke, strong odors, chemicals)  
\_\_\_ Changes in weather, exposure to cold air \_\_\_\_\_ Animal dander or feathers  
\_\_\_ Foods, food additives, food preservatives \_\_\_\_\_ Emotional expression (fear/anger/crying/laughing)  
\_\_\_ Drugs (aspirin, NSAIDs, beta-blockers including eye drops, others)  
\_\_\_ Other \_\_\_\_\_

**4. Development of disease and management/treatment**

Age of onset and diagnosis \_\_\_\_\_  
Use of peak flow meter (frequency, current readings) \_\_\_\_\_  
Present medications \_\_\_\_\_

Need for oral corticosteroids and frequency of use \_\_\_\_\_

Episodes of unscheduled care:

Hospitalization \_\_\_\_\_

Emergency Room \_\_\_\_\_

Urgent Care Clinic \_\_\_\_\_

Life-threatening exacerbations:

Intubation \_\_\_\_\_ ICU admission \_\_\_\_\_

Typical exacerbation: Frequency \_\_\_\_\_

Usual prodromal signs/symptoms \_\_\_\_\_

Usual patterns and management (what works?) \_\_\_\_\_

Number of days missed from school (parents from work) due to asthma symptoms \_\_\_\_\_

Limitations of activity \_\_\_\_\_

Effect on growth, development, school \_\_\_\_\_

**5. Social history (of the student/family)**

Home environment \_\_\_\_\_

Members of household \_\_\_\_\_

Family members with health problems \_\_\_\_\_

Smoking in the home \_\_\_\_\_

Substance abuse \_\_\_\_\_

Social support/network \_\_\_\_\_

Education level (parents) \_\_\_\_\_ Employment \_\_\_\_\_

Health insurance coverage \_\_\_\_\_

Economic impact of asthma on the family \_\_\_\_\_

Pt/Family perception of asthma \_\_\_\_\_

Signature (staff) \_\_\_\_\_ Date \_\_\_\_\_

Referral: \_\_\_\_\_