



Asthma quiz express

This questionnaire allows you to evaluate your asthma control.
For each question, circle your answer choice (Yes or No).

Questions	Responses	
1. Do you use your reliever medication 4 or more times a week ?	Yes	No
2. Do you cough, wheeze, or have a hard time breathing because of your asthma 4 or more days a week?	Yes	No
3. Is your asthma waking you at night 1 or more times a week?	Yes	No
4. Has your asthma restricted your physical activity?	Yes	No
5. Did you miss any work or school days because of your asthma?	Yes	No

If you selected **Yes**, even just one time, your asthma is not under control. With proper treatment and simple changes made at home, most asthmatics can answer **No** to all these questions. Consult your healthcare provider to find out how to improve your asthma control.