

Patient Asthma Severity Questionnaire



Please circle the following statements that best match your asthma history over the past few weeks. (Parents of young children please assist your child with these questions)

I cough, wheeze or have asthma less than 2 times weekly.	I cough, wheeze or have asthma 2-6 times weekly.	I cough, wheeze or have asthma daily.	I cough, wheeze or have asthma all the time
My activities are normal.	I have to slow down because of my asthma.	I have to stop and rest because of my asthma.	I don't do things like run or play because of my asthma.
I wake up coughing or wheezing with asthma less than 2 times each month.	I wake up coughing or wheezing with asthma more than 2 times each month but less than once a week.	I wake up coughing or wheezing with asthma 1-2 times weekly.	I wake up coughing or wheezing with asthma more than 2 times weekly.
In the past 2 weeks I used my quick relief medicine less than 2 times per week.	In the past 2 weeks I used my quick relief medicine 2-6 times per week.	In the past 2 weeks I used my quick relief medicine every day.	In the past 2 weeks I used my quick relief medicine more than one time daily.