

ASTHMA HISTORY QUESTIONS

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1. Symptoms

Cough

Wheezing

Shortness of breath

Chest tightness

Sputum production

2. Pattern of symptoms

Perennial, seasonal, or both

Continual, episodic, or both

Onset, duration, frequency (number of days or nights, per week or month)

Diurnal variations, especially nocturnal and on awakening in early morning

3. Precipitating and/or aggravating factors

Viral respiratory infections

Environmental allergens, indoor (e.g., mold, house-dust mite, cockroach, animal dander or secretory products) and outdoor (e.g., pollen)

Characteristics of home including age, location, cooling and heating system, wood-burning stove, humidifier, carpeting over concrete, presence of molds or mildew, presence of pets with fur or hair, characteristics of rooms where patient spends time (e.g., bedroom and living room with attention to bedding, floor covering, stuffed furniture)

Smoking (patient and others in home or daycare)

Exercise

Occupational chemicals or allergens

Environmental change (e.g., moving to new home; going on vacation; and/or alterations in workplace, work processes, or materials used)

Irritants (e.g., tobacco smoke, strong odors, air pollutants, occupational chemicals, dusts and particulates, vapors, gases, and aerosols)

Emotions (e.g., fear, anger, frustration, hard crying or laughing)

Stress (e.g., fear, anger, frustration)

Drugs (e.g., aspirin; and other nonsteroidal anti-inflammatory drugs, beta-blockers including eye drops, others)

Food, food additives, and preservatives (e.g., sulfites)

Changes in weather, exposure to cold air

Endocrine factors (e.g., menses, pregnancy, thyroid disease)

Comorbid conditions (e.g. sinusitis, rhinitis, gastroesophageal reflux disease (GERD))

4. Development of disease and treatment

Age of onset and diagnosis

History of early-life injury to airways (e.g., bronchopulmonary dysplasia, pneumonia, parental smoking)

Progression of disease (better or worse)

Present management and response, including plans for managing exacerbations

Frequency of using short-acting beta2-agonist (SABA)

Need for oral corticosteroids and frequency of use

5. Family history

History of asthma, allergy, sinusitis, rhinitis, eczema, or

nasal polyps in close relatives

6. Social history

Daycare, workplace, and school characteristics that may interfere with adherence

Social factors that interfere with adherence, such as substance abuse

Social support/social networks

Level of education completed

Employment

7. History of exacerbations

Usual prodromal signs and symptoms

Rapidity of onset

Duration

Frequency

Severity (need for urgent care, hospitalization, intensive care unit (ICU) admission.)

Life-threatening exacerbations (e.g., intubation, intensive care unit admission)

Number and severity of exacerbations in the past year.

Usual patterns and management (what works?)

8. Impact of asthma on patient and family

Episodes of unscheduled care (emergency department (ED), urgent care, hospitalization)

Number of days missed from school/work

Limitation of activity, especially sports and strenuous work

History of nocturnal awakening

Effect on growth, development, behavior, school or work performance, and lifestyle

Impact on family routines, activities, or dynamics

Economic impact

9. Assessment of patient's and family's perceptions of disease

Patient's, parent's, and spouse's or partner's knowledge of asthma and belief in the chronicity of asthma and in the efficacy of treatment

Patient's perception and beliefs regarding use and longterm effects of medications

Ability of patient and parents, spouse, or partner to cope with disease

Level of family support and patient's and parents', spouse's, or partner's capacity to recognize severity of an exacerbation

Economic resources

Sociocultural beliefs

A detailed medical history of the new patient who is known or thought to have asthma should address the following items

* This list does not represent a standardized assessment or diagnostic instrument. The validity and reliability of this list have not been assessed.