

Asthma History Questions

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

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/heating system, woodburning 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/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, betablockers 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)

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
Rapidness 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

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

From: National Asthma Education and Prevention Program Expert Panel.
Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Summary Report 2007. National Institutes of Health: National Heart, Lung, and Blood Institute; (2007) p 13.
<http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>. Accessed on 3/31/08.

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