

# Breathing Well

Alberta Children's Hospital  
Asthma Clinic

## BREATHLESSNESS QUESTIONNAIRE

Some young people experiencing breathlessness events ('attacks') describe the symptoms below.  
Check 'Yes' if a statement seems true to your experiences.

About my Breathing Events...	Yes	No	Not Sure	Notes
I usually feel my symptoms in my throat and/or upper chest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My breathlessness is usually worse when breathing in compared to breathing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I sometimes feel like I can't get a breath past a certain point in my throat/upper chest because it feels tight or blocked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I sometimes feel an ache or itch in my throat or like something is stuck in my throat that I cannot clear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My breathing can be noisy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My voice sometimes changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My events usually start very suddenly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
My reliever inhaler sometimes takes too long to work or does not work very well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I sometimes feel lightheaded or dizzy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I sometimes feel numbness or tingling in my hands, feet or lips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
I know specific triggers that cause my attacks <i>If yes, some triggers are:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
_____				
I sometimes cannot do usual activities because of these attacks <i>If yes, things I cannot do are:</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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Notes or other details my health care team should know:

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