

ASTHMA DIAGNOSIS CHECKLIST FOR CHILDREN

I notice that my child will experience:

	Yes	No
Cough that wakes me or my child during the night when they have a cold	<input type="checkbox"/>	<input type="checkbox"/>
Cough, wheeze or shortness of breath when running and playing	<input type="checkbox"/>	<input type="checkbox"/>
Cough (in the middle of the night) for weeks after a cold	<input type="checkbox"/>	<input type="checkbox"/>
Cough, wheeze or trouble breathing, needing urgent treatment	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION

Immediate family members have asthma, allergy, hay fever or eczema	<input type="checkbox"/>	<input type="checkbox"/>
My child appears to have allergy or eczema	<input type="checkbox"/>	<input type="checkbox"/>

The likelihood of asthma is higher with more “yes” answers.

As the parent of a child who may have asthma, my goals for my child are:



This material is designed for information purposes only. It should not be used in place of medical advice, instruction and/or treatment. If you have specific questions, please consult your doctor or appropriate healthcare professional.