


Kids' Asthma Check

Here's What To Do
 Sometimes asthma stops kids from having fun. It can make it hard to do well in school or to sleep without waking up and coughing. If you've been told you have asthma or if you have **trouble breathing** when you **run or play hard**, take this **Asthma Check** from the American College of Allergy, Asthma & Immunology (ACAAI). **Just answer yes or no** to these questions.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. When I walk or play hard with friends, I have trouble breathing or I cough. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When I walk up hills or stairs, I have trouble breathing or I cough. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I don't like to run or play sports because I have trouble breathing or I cough. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sometimes I wake up at night with coughing or trouble breathing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Sometimes I have trouble taking a deep breath. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Sometimes I make wheezing sounds in my chest. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Sometimes my chest feels tight or hurts. | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|-----|----|
| 8. Sometimes I cough a lot. | <input type="checkbox"/> | <input type="checkbox"/> |  | | |
| 9. Being outdoors or around dust or pets makes my breathing worse. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 10. It's hard to breathe in cold weather. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 11. It's hard to breathe when people smoke or there are strong odors. | <input type="checkbox"/> | <input type="checkbox"/> | | Yes | No |
| 12. Colds make me cough or wheeze. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 13. I went to the doctor's office or emergency room for asthma or trouble breathing this year. | <input type="checkbox"/> | <input type="checkbox"/> | | | |

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|-----|-----|----|
| 14. I stayed in the hospital overnight for asthma or trouble breathing this year. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 15. I've been told that I have asthma. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 16. Sometimes my asthma medicine makes me feel bad. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 17. I only take medicine when I don't feel well. | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No | |
| 18. I can't do some things because of my asthma. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 19. I get scared because of my asthma. | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 20. I worry that I may die from my asthma. | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Kids: Show your answers to your parents.

Parents: Talk to your child's physician about "yes" answers today.

