

## Asthma Awareness Test

If you or a family member answer "yes" to three or more of these questions, discuss the results with your doctor or pediatrician.

1. Do you cough or clear your throat frequently? YesNo
2. Do you have bouts of wheezing or coughing? YesNo
3. Is it hard to take a deep breath? YesNo
4. Has your doctor ever told you that you have allergies? YesNo
5. Do you have cold symptoms more than 3 months during the year? YesNo
6. Do you wake up at night unable to breathe? YesNo
7. When you exercise, do you have wheezing or difficulty breathing? YesNo
8. Do other family members have breathing problems, asthma or allergies? YesNo
9. Did you have frequent colds or ear infections as a child? YesNo