

**ASTHMA FLOW SHEET**

	Date >							
Staging of asthma severity. Symptom scoring to determine step: see below.	Wheeze							
	Cough							
	Activity							
	Night Sx							
	STEP							
Best = _____ ml	Current Peak Flow							
Meds: enter current dose (e.g. 2 puffs QID).	Beta-2 Agonist							
	Inhaled Steroid							
	Theophylline							
	Oral Steroid							
Others:								
	Smoking (cigs/day)							
	Comments							
	Provider Initials							

**History since last visit**

Wheeze: | 0 = None | 1 = < twice/week | 2 = > twice/week | 3 = daily |

Cough: | 0 = None | 1 = occasional | 2 = frequent | 3 = continuous |

Activity: | 0 = Normal | 1 = can run short dist.. climb 3 flights of stairs | 2 = walk only | 3 = sx at rest |

Night symptoms: | 0 = < 2 times/month | 1 = > 2 times/month | 2 = > 1 time/week | 3 = frequent |

**Key to Comments:**

- H** = Hospitalized this visit
- I** = Intensive tx for acute episode  
(e.g. IV steroids. w/o hospitalization)
- E/I** = Educated re: inhaler technique
- E/S** = Educated re: smoking cessation
- E/M** = Educated re: use of med
- E/C** = Educated re: med compliance
- E/A** = Educated re: all above

Name: \_\_\_\_\_

Reg No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Institution: \_\_\_\_\_