

FIGURE 3–1. SUGGESTED ITEMS FOR MEDICAL HISTORY*

A detailed medical history of the new patient who is known or thought to have asthma should address the following items:

- 1. Symptoms**
 - Cough
 - Wheezing
 - Shortness of breath
 - Chest tightness
 - Sputum production
- 2. Pattern of symptoms**
 - Perennial, seasonal, or both
 - Continual, episodic, or both
 - Onset, duration, frequency (number of days or nights, per week or month)
 - Diurnal variations, especially nocturnal and on awakening in early morning
- 3. Precipitating and/or aggravating factors**
 - Viral respiratory infections
 - Environmental allergens, indoor (e.g., mold, house-dust mite, cockroach, animal dander or secretory products) and outdoor (e.g., pollen)
 - Characteristics of home including age, location, cooling and heating system, wood-burning stove, humidifier, carpeting over concrete, presence of molds or mildew, characteristics of rooms where patient spends time (e.g., bedroom and living room with attention to bedding, floor covering, stuffed furniture)
 - Smoking (patient and others in home or daycare)
 - Exercise
 - Occupational chemicals or allergens
 - Environmental change (e.g., moving to new home; going on vacation; and/or alterations in workplace, work processes, or materials used)
 - Irritants (e.g., tobacco smoke, strong odors, air pollutants, occupational chemicals, dusts and particulates, vapors, gases, and aerosols)
 - Emotions (e.g., fear, anger, frustration, hard crying or laughing)
 - Stress (e.g., fear, anger, frustration)
 - Drugs (e.g., aspirin; and other nonsteroidal anti-inflammatory drugs, beta-blockers including eye drops, others)
 - Food, food additives, and preservatives (e.g., sulfites)
 - Changes in weather, exposure to cold air
 - Endocrine factors (e.g., menses, pregnancy, thyroid disease)
 - Comorbid conditions (e.g. sinusitis, rhinitis, GERD)
- 4. Development of disease and treatment**
 - Age of onset and diagnosis
 - History of early-life injury to airways (e.g., bronchopulmonary dysplasia, pneumonia, parental smoking)
 - Progression of disease (better or worse)
 - Present management and response, including plans for managing exacerbations
 - Frequency of using SABA
 - Need for oral corticosteroids and frequency of use
- 5. Family history**
 - History of asthma, allergy, sinusitis, rhinitis, eczema, or nasal polyps in close relatives
- 6. Social history**
 - Daycare, workplace, and school characteristics that may interfere with adherence
 - Social factors that interfere with adherence, such as substance abuse
 - Social support/social networks
 - Level of education completed
 - Employment
- 7. History of exacerbations**
 - Usual prodromal signs and symptoms
 - Rapidity of onset
 - Duration
 - Frequency
 - Severity (need for urgent care, hospitalization, ICU admission)
 - Life-threatening exacerbations (e.g., intubation, intensive care unit admission)
 - Number and severity of exacerbations in the past year.
 - Usual patterns and management (what works?)
- 8. Impact of asthma on patient and family**
 - Episodes of unscheduled care (ED, urgent care, hospitalization)
 - Number of days missed from school/work
 - Limitation of activity, especially sports and strenuous work
 - History of nocturnal awakening
 - Effect on growth, development, behavior, school or work performance, and lifestyle
 - Impact on family routines, activities, or dynamics
 - Economic impact
- 9. Assessment of patient's and family's perceptions of disease**
 - Patient's, parents', and spouse's or partner's knowledge of asthma and belief in the chronicity of asthma and in the efficacy of treatment
 - Patient's perception and beliefs regarding use and long-term effects of medications
 - Ability of patient and parents, spouse, or partner to cope with disease
 - Level of family support and patient's and parents', spouse's, or partner's capacity to recognize severity of an exacerbation
 - Economic resources
 - Sociocultural beliefs

*This list does not represent a standardized assessment or diagnostic instrument. The validity and reliability of this list have not been assessed.