If you or your child has been told you have asthma, or even if you have occasional problems taking a good, deep breath, this simple test from the American College of Allergy, Asthma & Immunology (ACAAI) may help improve your LIFE QUALITY (LQ). Just answer the 20 questions starting below.

1. When I walk or do simple chores, I have trouble breathing or I cough. Yes ☐ No ☐
2. When I perform heavier work, such as walking up hills and stairs or doing chores that involve lifting, I have trouble breathing or I cough. Yes ☐ No ☐
3. Sometimes I avoid exercising or taking part in sports like jogging, swimming, tennis or aerobics because I have trouble breathing or I cough. Yes ☐ No ☐
4. I have been unable to sleep through the night without coughing attacks or shortness of breath. Yes ☐ No ☐
5. Sometimes I can’t catch a good, deep breath. Yes ☐ No ☐
6. Sometimes I make wheezing sounds in my chest. Yes ☐ No ☐
7. Sometimes my chest feels tight. Yes ☐ No ☐
8. Sometimes I cough a lot. Yes ☐ No ☐
9. Dust, pollen and pets make my breathing more difficult. Yes ☐ No ☐
Board certified allergists are specialists in diagnosing and treating allergies and asthma.

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Life Quality Test
If you answered “yes” to one or more questions on this test, you may be able to reduce your asthma symptoms and improve your life quality. An allergist can help you.

Take these steps now:
- Continue your present asthma treatment until you’ve consulted with your doctor.
- If you have an allergist, schedule an appointment as soon as possible. Bring this LQ Test and discuss it with your doctor.

Anyone with asthma should be able to feel good, be active all day and sleep well at night. You don’t need to accept less. An allergist can help you find relief.

Find an allergist, find relief. For more information visit AllergyandAsthmaRelief.org

10. Cold weather makes my breathing more difficult. Yes ☐ No ☐

11. My breathing problem gets worse when I’m around tobacco smoke, fumes or strong odors. Yes ☐ No ☐

12. When I catch a cold, it often goes to my chest. Yes ☐ No ☐

13. I made one or more emergency visits to a doctor in the past year because of my breathing problems. Yes ☐ No ☐

14. I had one or more overnight hospitalizations due to breathing problems in the past year. Yes ☐ No ☐

Answer the following if you ever have been diagnosed with asthma:

15. I feel like I use my asthma inhaler too often. Yes ☐ No ☐

16. Sometimes I don’t like the way my asthma medicine makes me feel. Yes ☐ No ☐

17. My asthma medicine doesn’t control my asthma. Yes ☐ No ☐

18. My asthma controls my life more than I would like. Yes ☐ No ☐

19. I feel tension or stress because of my asthma. Yes ☐ No ☐

20. I worry that my asthma affects my health or may even shorten my life. Yes ☐ No ☐