

Asthma Impairment and Risk Questionnaire (AIRQ®)



Please answer all of the questions below.

In the past 2 weeks, has coughing, wheezing, shortness of breath, or chest tightness:

1. Bothered you during the day on **more than 4 days**?
2. Woke you up from sleep **more than 1 time**?
3. Limited the activities you want to do **every day**?
4. Caused you to use your rescue inhaler or nebulizer **every day**?

Yes	No
Yes	No
Yes	No
Yes	No



Primatene® MIST
(Amphastar
Pharmaceuticals)
or
Epinephrine



ProAir® HFA (Teva
Respiratory, LLC)
or
Albuterol sulfate



ProAir RespiClick®
(Teva Respiratory, LLC)
or
Albuterol sulfate



Proventil® HFA (Merck Sharp
& Dohme Corp., a subsidiary
of Merck & Co., Inc.)
or
Albuterol sulfate



Ventolin® HFA
(GlaxoSmithKline)
or
Albuterol sulfate



Xopenex HFA® (Sunovion
Pharmaceuticals Inc.) or
Levalbuterol tartrate



Albuterol sulfate or Xopenex®
(Sunovion Pharmaceuticals Inc.)
or Levalbuterol HCl

Please see all prescribing information for all products.

In the past 2 weeks:

5. Did you have to limit your social activities (such as visiting with friends/relatives or playing with pets/children) because of your asthma?
6. Did coughing, wheezing, shortness of breath, or chest tightness limit your ability to exercise?
7. Did you feel that it was difficult to control your asthma?

Yes	No
Yes	No
Yes	No

In the past 12 months, has coughing, wheezing, shortness of breath, or chest tightness:

8. Caused you to take steroid pills or shots, such as prednisone or Medrol®*?
9. Caused you to go to the emergency room or have unplanned visits to a health care provider?
10. Caused you to stay in the hospital overnight?

Yes	No
Yes	No
Yes	No

*Medrol® (Pfizer, Inc.) or methylprednisolone

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¹Global Strategy for Asthma Management and Prevention: ©2020 Global Initiative for Asthma