

Asthma Core

Collection date for asthma information:

(DD-MM-YYYY)

ASTHMA

Has a clinician or a doctor diagnosed the participant as an asthmatic?

☐ Yes
☐ No

(If Yes) Is the participant on any chronic medication for management / treatment of asthma?

☐ Yes
☐ No

(If No) Does the participant experience any of the following signs and symptoms:

Frequent coughing spells during play, at night or while laughing or crying?

☐ Yes
☐ No

A chronic cough in the past 3 months or more?

☐ Yes
☐ No

Appear listless / unusually low in energy after physical play?

☐ Yes
☐ No

Rapid breathing sessions from time to time?

☐ Yes
☐ No

Complaining of a tight chest or sore chest?

☐ Yes
☐ No

Complain of difficulty breathing OR (if infant) working harder to breathe (nostrils flaring, skin is sucking in around and between ribs or above the sternum, or exaggerated belly movement)?

☐ Yes
☐ No

Making a whistling sound when breathing in or out?

☐ Yes
☐ No

Difficulty eating OR (if infant) difficult sucking?

☐ Yes
☐ No

Has the participant ever required emergency medical care or hospitalisation for difficulty breathing?

☐ Yes
☐ No

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H3ABioNet & H3Africa Phenotype Standards