



## Is your Asthma well controlled?

- YES  NO Do you have asthma symptoms more than twice a week? (cough, wheeze, tight chest)
- YES  NO Do you use your 'reliever' inhaler more than twice a week?
- YES  NO Do you refill your 'reliever' inhalers more than twice a year?
- YES  NO Do you wake at night with asthma more than twice a month?

**IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS,  
GET ASTHMA EDUCATION – SEE YOUR DOCTOR • TALK TO YOUR PHARMACIST**

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