

## The PULSAR checklist for severe asthma

### Do you have severe asthma?

Please consider the Clear (Red) and Concerning (Yellow) signs of severe asthma in the checklist below. Please put a "X" in the box next to any of the signs that apply to you. If any of the Clear (Red) signs apply to you or if you have put an "X" next to some of the Concerning (Yellow) signs and you are worried, please visit your doctor and share this information. The goal is to help you reduce your symptoms and improve your quality of life.

Clear signs	Concerning signs
<ul style="list-style-type: none"><li><input type="checkbox"/> I regularly visit the emergency services or have stayed in hospital</li><li><input type="checkbox"/> I am often absent from work or school due to asthma</li><li><input type="checkbox"/> I often feel that nothing works to help with my symptoms</li><li><input type="checkbox"/> I often feel that asthma is controlling my life</li><li><input type="checkbox"/> I am scared of dying from asthma</li><li><input type="checkbox"/> My disease is unpredictable with regular asthma attacks (flare-ups)</li><li><input type="checkbox"/> I have symptoms that never go away</li><li><input type="checkbox"/> I have had two or more sets of steroid tablets in 12 months</li><li><input type="checkbox"/> I use my reliever/rescue medication more than twice a week even though I take my controller inhaler(s) and tablets</li><li><input type="checkbox"/> I regularly use nebulizers to relieve my symptoms</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> I cannot do the things that I want to do, like exercise or household chores</li><li><input type="checkbox"/> I often need help from someone to conduct my daily activities, like cooking or laundry</li><li><input type="checkbox"/> Asthma puts a stress on my relationships</li><li><input type="checkbox"/> I am often forced to make unwanted changes to my daily life</li><li><input type="checkbox"/> I often feel depressed or anxious due to asthma</li><li><input type="checkbox"/> I often feel isolated and alone</li><li><input type="checkbox"/> I often feel like I have a heavy weight pushing down on my chest</li><li><input type="checkbox"/> My coughing often interferes with my normal activities</li><li><input type="checkbox"/> My symptoms often keep me awake at night</li><li><input type="checkbox"/> I cannot walk upstairs without becoming short of breath</li><li><input type="checkbox"/> I forget to take my controller inhalers</li><li><input type="checkbox"/> I am afraid of the side effects of my asthma medications</li></ul>