Assay Questionnaire for Steroid Pharmacokinetics Studies

(Absolutely Essential Information for Interpretation)

Patient initials___________
Patient age ___________ Male_____ Female______
Patient height ___________ Patient weight ___________ BSA:___________
*Dose given ___________ tablet_____liquid_____
*Dose date and time ____________________

Please include a listing of other medications, OTCs/ natural products/supplements (if known), allergies

Briefly, what is the reason for this referral?
**WORKING DIAGNOSIS** and other concomitant illnesses?

**CLINICAL DETAILS:**
- Duration of asthma: ___________
- Life-threatening episodes: ___________
- Hospitalizations: ___________
- Intubations: ___________

**HISTORY OF STEROID USE:**
- Age of first steroid use: ___________
- Duration of regular oral steroid use: ___________
- Current oral steroid: ___________
- Threshold oral steroid dose: ___________
- # bursts/year: ___________
- Typical burst schedule: ___________
To what extent is steroid burst effective, how soon, and for how long:

Do symptoms recur with taper and how soon?

Steroid adverse effects: (Please encircle.)
- Skin changes:
- Cushingoid features
- Osteoporosis
- Myopathy/myalgia
- Diabetes

- Acne
- Hirsutism
- Weight gain/ Obesity
- Cataract/ Glaucoma
- Growth suppression
- Abdominal pain

- Easy bruisingability
- Hypertension
- Hypercholesterolemia
- Joint pain/ Back pain
- Mood changes

OTHERS: ____________________________________________