# Asthma History Questionnaire

You indicated during registration that your child has a history of asthma. Please provide us with additional information about your child's health needs by responding to the following questions.

**Student's Name**________________________________ **DOB**__________________

**School**_______________________________________ **Grade**_________________

Primary Healthcare Provider:_____________________________ Phone:___________________

- ❑ **Age of diagnosis**:_____________________
- ❑ **How many times has your child been in the ER for asthma in the past year:**__________________
- ❑ **How would you rate the severity of your child's asthma:**

  **(not severe) 1 2 3 4 5 6 7 8 9 10 (severe)**
- ❑ **When was your child's last asthma attack?:** ___________________________________
- ❑ **How many school days would you estimate your child missed last year because of asthma?:** _________
- ❑ **My child's known asthma triggers include:** _______________________
- ❑ **My child's symptoms include: (circle)**

  **Coughing Wheezing Prolonged expiration**

  **Tightness in Chest Gasping for air Skin/lip color changes (pale/ blue)**
- ❑ **What does your child do at home to relieve asthma symptoms? (circle) Breathing exercises Rest/relax drink liquids take medication**

  **other (describe)**_______________________
- ❑ **Can your child identify his/her early warning signs and symptoms that indicate onset of an asthma episode and need for quick-relief medicine?**

  **Circle one: Yes No**
- ❑ **Can your child identify his/ her asthma symptoms that indicate the need for help or medical attention?**

  **Circle one: Yes No**
- ❑ **List Current Medications: (name, dosage, frequency)**

  ____________________________________________________________

  ____________________________________________________________

  ____________________________________________________________
- ❑ **Does your child use a spacer?** ☐ **Yes** ☐ **No**
- ❑ **Does your child use a peak flow meter?** ☐ **Yes** ☐ **No** **Personal Best:**_________

**Additional comments:** ______________________________________________________

________________________________________________________________________

**Parent/ Guardian Signature:** ____________________________________ **Date:**_______

**Reviewed by RN:**____________________________________________ **Date:**_______