

Parent / Guardian Asthma and Reactive Airway Questionnaire

Student name: _____ Grade: _____

What best describes your student's symptoms:

- Symptoms occur daily
- Symptoms are *more* than 2 times a week, but not every day
- Symptoms are *less* than 2 times a week
- Symptoms are rare

How often does your student use their inhaler?

- Every day
- More than 2 times a week, but not every day
- Once or twice a week
- Before exercise or sports
- Rarely

What triggers your student's asthma symptoms, or makes it worse?

- Changes in weather (fall or winter or spring or summer)
- Exercise, sports, playing hard
- Having a cold or respiratory illness
- Allergies
- Strong smells
- Stress, strong emotions
- other _____

What asthma or allergy medications does your student use every day?

What asthma or allergy medications does your student use only as needed when they have asthma symptoms? Please include any alternative therapies.

Does your student use a spacer with their inhaler? Yes No

Self-Carry Inhaler information for students in 6th - 12th grade: Prior to self-carrying their inhaler, **student's ability must be assessed by the School Nurse** once, either individually or in a class. A signed Asthma Action Plan from the health care provider must note that the student may self carry, and that the parent approves.

Are you interested in your student self-carrying their inhaler? Yes No

Please note, we encourage students who self carry their inhaler to always have an extra inhaler kept in the health office as a backup for emergency.

Parent/Guardian signature: _____ Date: _____