STUDENT WITH ASTHMA
Parent Questionnaire

Student's Name_____ Grade_____ Homeroom_____
Parent's Name(s)_____ Ph. (H)_____ (W)_____
Name of Student's Doctor (for asthma)_____ Ph._____

The following information will help your child's school nurse and school personnel meet the health needs of your child while he/she is at school. Please answer the questions to the best of your ability. If you wish to personally discuss your child's asthma with the school nurse, you may reach the school nurse at:

Nurse's Name_____ Ph._____ Days_____

1. How long has your child had asthma?_____

2. How often does your child see his/her doctor for routine asthma evaluations?_____

3. When was his/her last appointment?_____

4. During the past year how many times has your child been treated in the ER or hospitalized for asthma?
   _____

5. How many days would you estimate your child missed school last year due to asthma? _____

6. How many days a **week** does your child have asthma symptoms? (Circle the best choice)

   Less than 2 days/week 3-6 days/week Daily Continual

7. How many nights per **month** does your child have asthma symptoms?
   Less than 2 nights/month 3-4 nights/month More than 5 nights/month Frequent

8. How would you rate the severity of your child's asthma?

   (Not Severe) 0 1 2 3 4 5 6 7 8 9 10 (Severe)

9. How many times a month does your child use his rescue (i.e.Albuterol) inhaler?

   3 times a month or less 4-8 times per month 9 or more times per month

10. What triggers your child's asthma attacks? (Check all that apply.)

_____ Illness	_____ Molds	_____ Exercise
_____ Changes in temperatures	_____ Sprays/odors	_____ Fatigue
_____ Foods	_____ Stress/emotions	_____ Animals
_____ Chalk dust	_____ Carpets in the room	_____ Pollens

11. Is your child being treated for allergies? Yes_____ No _____
    List known allergies _____
    _____
    _____

12. What does your child do at home to relieve wheezing? (Check all that apply.)

_____ Breathing exercises	_____ Takes the following types of medication(s)	____ Inhaler
_____ Rest/relaxation		____ Nebulizer
_____ Drinks liquids		____ Oral medication

    Other (please describe) _____

Continued on Page 2

13. Please list the medications your child takes for asthma and/or allergies (everyday and as needed).

Name of Medication	Dose	Frequency

14. Where do you want your child to keep his/her inhaler during the school day?
    ___ Health Office ___ With him/her

15. What, if any, side effects does your child have from his/her medication(s)? _____
    _____

16. If your child does not respond to medication at school, what actions do you advise school personnel to take?
    _____
    _____

17. Does your child need any special considerations related to his/her asthma while at school? (Check all that apply and describe briefly)
    ___ Modified gym class _____
    ___ Modified recess _____
    ___ Animals in the classroom_____
    ___ Avoidance of certain foods _____
    ___ Emotional or behavior concerns _____
    ___ Special considerations on field trips _____
    ___ Observation for side effects from medication _____
    ___ Other _____

18. Has your child been taught to use a spacer or other device with his/her inhaler? Yes _____ No _____

19. Has your child been taught to use a peak flow meter? Yes _____ No _____
    If yes, do you know you're your child's baseline peak flow rate is? _____

20. Has your child received asthma management education? Yes _____ No _____

21. Do you think your child holds him/herself back from participating in activities at school because of his/her asthma? Yes ____ No _____ If yes, please describe. _____
    _____

22. Does your child wear a Medic Alert bracelet or something similar to identify him/her as having asthma?
    Yes ___ No ___

23. Is there anything else you would like for school personnel to know about you child's asthma?
    _____
    _____

May this information be shared with the classroom teacher(s), bus driver(s) and other appropriate school personnel? Yes _____ No _____

_____ _____
Signature of Parent/Guardian Completing Questionnaire Date