



ASTHMA ASSESSMENT FORM FOR SCHOOL

Student's Name: _____ School Year: _____

Date of Birth: _____ Grade: _____ School: _____

Development of Disease

How old was your student when they were diagnosed with Asthma? _____

Symptoms (check each box that describes your student's symptoms)

- Daytime Cough
- Wheezing
- Shortness of Breath
- Chest Tightness
- Mucous Production
- Nighttime Cough
- Nighttime Wheezing
- Interrupted Sleep Due to Symptoms
- Asking to Use Inhaler
- Other: _____

Asthma Triggers (check each box that describes your student's triggers)

- Exercise
- Cold Air
- Respiratory Illness/Colds
- Pollen
- Poor Air Quality
- Animal Dander
- Emotions (fear, crying, anger, laughing)
- Foods
- Medications
- Smoke, Chemicals, Strong Odors
- Other: _____

Current Medications

- Albuterol inhaler (Proair®, Ventolin HFA®, Proventil)
- Levalbuterol inhaler (Xopenex®)
- Allergy Medications (Name, Dose, Frequency): _____
- Other (please specify): _____

Does your student use a Peak Flow Meter? No Yes (Frequency, Current Readings) _____

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Medication at School

Will your student use their inhaler at school, including sports, clubs, field trips, etc.? No Yes*
(*If yes, contact school nurse to complete the required medication authorization form)

Management/Treatment

How frequently does your student use their inhaler? _____

How many times in the last year has your student been treated for asthma in the doctor's office? Please describe.

How many times in the last year has your student been to the Emergency Room or hospitalized for asthma? Please describe. _____

Check the box that best describes your student's asthma symptoms:
 staying the same getting worse getting better

Student's Knowledge of Asthma Condition

Does your student understand their asthma triggers? No Yes

Can your student reliably report when they are experiencing distressing asthma symptoms? No Yes

Does your student know how to use their inhaler correctly? No Yes

Comments: _____

Parent/Guardian Signature

Date

Reviewed by Registered Nurse

Date