PITTSFORD CENTRAL SCHOOL DISTRICT
Parent Interview Questionnaire for Individualized Health Plan
ASTHMA

Child's Name _____ Birthdate _____ Age _____ Grade _____
Teacher _____ Information provided by _____ Date _____

Please answer all questions. Use the back of this form for explanation or any additional information you feel important for us to know.

Who does your child see for regular health visits? _____ Phone _____
Who does your child see for asthma management? _____ Phone _____
When was your child diagnosed with asthma? _____ at age _____
Has your child been diagnosed with any other medical conditions?
☐ No ☐ Yes (explain) _____
What **symptoms** does your child experience during an asthma episode? _____
How would your child describe these symptoms? _____
How often does your child experience asthma symptoms? _____
Does your child use a quick relief inhaler (Albuterol/ Ventolin/ Proventil, etc.) more than 2 times per week? (This does not include using it before physical activity). ☐ No ☐ Yes (explain) _____
What **triggers** (allergens, irritants, exercise, respiratory infections, changes in temperature) cause asthma symptoms for your child? _____
Has your child gone to the emergency room or been hospitalized for treatment of asthma?
☐ No ☐ Yes (explain) _____

What medications does your child take to manage his/her asthma?

Name of Medication	**Amount**	**When taken**

Has your child been instructed on when and how to take these medications independently? ☐ No ☐ Yes
Is your child participating in sports or school sponsored extracurricular activities? ☐ No ☐ Yes
Does your child carry his/her inhaler in school and at these activities? ☐ No ☐ Yes
Has asthma caused your child to be restricted from physical education/recess activities?
☐ No ☐ Sometimes ☐ Often (explain) _____
Has asthma caused your child to miss school? ☐ No ☐ Yes Number of days missed last year _____
Has your physician completed an **Asthma Action Plan** for your child? ☐ No ☐ Yes
Have you and/or the physician reviewed the **Asthma Action Plan** with your child? ☐ No ☐ Yes
Does your child use a **peak flow meter**? ☐ No ☐ Yes
Is your child comfortable alerting others when experiencing asthma symptoms? ☐ No ☐ Yes
Does your child wear a "**medic alert**" necklace/bracelet? ☐ No ☐ Yes
Do you feel your child's understanding of his/her asthma is:
☐ very good ☐ good ☐ fair ☐ limited
Has your physician indicated **in writing** that your child needs any special accommodations to participate in school activities? ☐ No ☐ Yes (explain) _____

Comments: _____