Asthma Questionnaire for Parents

Child's Name_____ Grade_____

Parent's Name_____

Name of Doctor treating asthma_____

Name of Clinic_____ Clinic Phone_____

Hospital preference (in case of emergency)_____

1. At what age was your child's asthma diagnosed? _____

2. How severe is your child's asthma?
   ☐ mild ☐ moderate ☐ severe

3. What are your child's usual signs/symptoms during as asthma attack?
   ☐ wheezing ☐ cough ☐ difficulty breathing
   ☐ chest tightness ☐ anxiety ☐ other_____

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

5. In the past year, how many times has your child been treated in the emergency room for asthma symptoms?

6. In the past year, how many times has your child been hospitalized (overnight or longer) for asthma symptoms?

7. In the past month, during the day, how often has your child had asthma symptoms?

8. In the past month, during the night, how often does your child wake up or experience asthma symptoms?

9. What triggers your child's asthma symptoms?
   ☐exercise ☐stress ☐cold air ☐illness
   ☐allergies to _____
   ☐smoke (Does anyone smoke at home?_____)
   ☐other_____

Please complete back side also!

10. What does your child do at home to relieve the symptoms during an attack?
    ☐rests ☐drinks fluids ☐uses breathing exercises
    ☐checks peak flow ☐takes medication
    ☐other_____

11. Does your child have an Asthma Action Plan (a written treatment plan created by your doctor and specific to your child)? If yes, please include a copy. ☐yes ☐no ☐don't know

12. Does your child know how to use a peak flow meter? ☐yes ☐no

13. What is your child's personal best peak flow reading?_____

14. What medications is your child using presently to control or treat asthma symptoms?

Name of medication	How much?	How often?

15. Does your child know when he/she needs medication? ☐yes ☐no

16. If your child uses an inhaler, does he/she use a spacer? ☐yes ☐no

17. Has your child had asthma education? ☐yes ☐no

Comments:

Parent Signature_____ Date_____