



## QUESTIONNAIRE FOR PARENTS OF A CHILD WITH ASTHMA

The following information is essential to help the school nurse and staff in determining any special needs for your child due to asthma. Please answer the questions to the best of your ability. You may request a conference with the school nurse before your child attends school.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Where does your child receive his/her asthma care? \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Health Care Provider (HCP) \_\_\_\_\_

1. How long has your child had asthma? \_\_\_\_\_

2. Rate the severity of his/her asthma. (circle one) (Not severe) 1 2 3 4 5 6 7 8 9 10 (Very Severe)

3. What triggers your child's asthma? (Please check all that apply.)

- Illness       Cigarette or other smoke       Exercise/Sports/Hard Play       Emotions  
 Stress       Fatigue       Animals/Pets       Dust       Strong Odors/Perfume  
 Weather:     Cold     Hot     Change of season

Which seasons does your child have asthma trouble?     Spring     Summer     Fall     Winter

Allergies \_\_\_\_\_ Other \_\_\_\_\_

4. Is your child exposed to cigarette or other smoke at home or other place he/she visits often? \_\_\_\_\_

Please explain \_\_\_\_\_

5. If your child has allergies, what are your child's reactions and are they sometimes severe?  
\_\_\_\_\_

6. Is your child aware when he/she is starting to have trouble breathing? \_\_\_\_\_

7. Will your child come to his/her teacher if he/she is starting to wheeze or have an attack? \_\_\_\_\_

8. What does your child do at home to relieve wheezing during an asthma attack? (Please check all that apply.)

- Breathing exercises       Rest/Relaxation       Drinks liquids  
 Inhaler       Nebulizer       Oral Medications

9. What medications does your child take and how often? (Please fill in all that applies.)

Every Day \_\_\_\_\_

Just for wheezing/attacks \_\_\_\_\_

Just certain times of the year \_\_\_\_\_

When ill \_\_\_\_\_

Before exercising/sports \_\_\_\_\_

10. Will your child need medications at school?

List medication and when it is to be taken \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

12. Does your child use a spacer? \_\_\_\_\_ Has he/she been taught to use it? \_\_\_\_\_

13. How well does your child take his/her medications? \_\_\_\_\_

14. Does your child need  some  a lot  no assistance with his/her inhaler and/or spacer?

15. Do you measure your child's baseline peak flow rate? \_\_\_\_\_ Avg. Rate \_\_\_\_\_

16. Do you routinely check your child's baseline peak rate? \_\_\_\_\_

17. Does your child have trouble with performing a baseline check rate? \_\_\_\_\_

18. In the past 3 months, during the day, how often has your child had a hard time with coughing, wheezing, or breathing? (Please pick the most appropriate.)  None  About \_\_\_ times a month

About \_\_\_ times a week or less  About every day  Almost constantly

19. In the past 3 months, during the night, how often has your child had a hard time with coughing, wheezing, or breathing? (Please pick the most appropriate.)  None  About \_\_\_ times a month

About \_\_\_ times a week or less  About every day  Almost constantly

20. How many times has your child been hospitalized overnight or longer for asthma in the past year? \_\_\_\_\_

21. How many times has your child been treated in the emergency room for asthma in the past year? \_\_\_\_\_

22. If your child attended day care/school before, how many days did he/she miss due to asthma? \_\_\_\_\_

23. How often does your child see his/her HCP for routine asthma evaluations? \_\_\_\_\_

**I understand that I must provide a Medication Administration Authorization for each medication my child may receive and a Colorado School Asthma Care Plan, all filled out and signed by my child's Healthcare Provider (HCP) and returned to EDSE before my child starts attending. I understand I must fill out and sign my portion of those forms as well.**

Parent Signature \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_