



Initial Asthma Questionnaire

Date of Class: _____ Child's Name: _____

Child's Date of Birth: _____ Child's Age: _____

1. How would you classify your level of understanding regarding your child's asthma or breathing problems?

- Very Knowledgeable
 Somewhat knowledgeable
 Lacking knowledge on the topic

Comments:

2. How would you classify your level of understanding regarding the treatment of your child's asthma or breathing problems?

- Very Knowledgeable
 Somewhat knowledgeable
 Lacking knowledge on the topic

Comments:

3. Please select the most appropriate answer to the following questions. If these symptoms are worse only part of the year, answer the questions for that part of the year.

	I*	II*	III*	IV*
How often are breathing problems, coughing or wheezing occurring during the DAY?	Less than once a week	More than once a week	Daily symptoms	Continuous
How often are breathing problems, coughing or wheezing occurring during the NIGHT?	Less than twice a month	More than twice a month	More than once a week	Frequent
Does physical activity cause breathing problems, coughing or wheezing?	No, or rarely	Sometimes	Usually	Always
How often is an inhaler or nebulizer used to treat these problems?	Rarely or only with exercise	4 or more times a month	Daily use	More than once daily

Comments:

(additional questions on reverse side)



Initial Asthma Questionnaire

cont'd.

4. Has your child missed any regular activities, such as participating in sporting activities or playing outside, due to his/her asthma or breathing problems?

- Yes No

If yes, by what percentage would you estimate your child has reduced his or her regular activities?

- 10% 25% 50% 75% 100%

Comments:

5. If your child attends school or daycare, during the past 6 months, how many days of school or daycare have been missed due to your child's asthma or breathing problems? _____

Comments:

6. During the past 6 months, how many days of work for the parent/guardian have been missed due to the child's asthma or breathing problems? _____

Comments:

7. Due to your child's asthma or breathing problems, in the past year, have you had any:

- Unplanned trips to your child's pediatrician (including our Evening Hours Office)

How many? _____

- Trips to an emergency room, urgent care facility or walk-in clinic

How many? _____

- Unscheduled hospitalizations

How many? _____

Comments:

***For Office Use**

Classification of symptoms:

I = Mild Intermittent II= Mild Persistent III= Moderate Persistent IV. = Severe Persistent