

## 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:

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**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:

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**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.**

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

Comments:

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(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:

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**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:

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**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:

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**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:

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**\*For Office Use**

**Classification of symptoms:**

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