

Asthma Questionnaire



Our records indicate that your child has asthma or has a history of asthma. This questionnaire has been designed to help you and your school nurse evaluate your child's need for an Asthma Action Plan for School year as asthma status can change from school year to school year. **PLEASE ANSWER THE QUESTIONS BELOW AND RETURN TO THE SCHOOL NURSE ASAP.**

Name of student: (please print) _____ School Year: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Has your child been diagnosed with asthma by a Health Care Provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has <input type="checkbox"/> spirometry or <input type="checkbox"/> peak flow testing been done? (Please check) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your child experienced episodes of wheezing, persistent coughing, shortness of breath, chest tightness, or pain in his/her chest in the last year | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child use a rescue (quick relief) inhaler (examples: Proventil, Pro Air, Ventolin, Albuterol, Xopenex)? Which one? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has your child been taught by a Health Care Provider how to use an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can your child demonstrate proper use of the inhaler to the school nurse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. What long term, daily controller medications for asthma does your child use?
Flovent <input type="checkbox"/> Advair <input type="checkbox"/> Qvar <input type="checkbox"/> Singulair) <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will your child need to use an inhaler prior to or during exercise at school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Can your child identify warning signs and symptoms of an asthma episode? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has your child missed school in the last year because of asthma symptoms?
If so, how many days? <input type="checkbox"/> Zero <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-15 | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has your child been hospitalized for asthma in the last year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is your child exposed to second hand smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Should your child stay indoors on bad air quality days (PM2.5 > 35)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Will your child need an inhaler or nebulizer at school? | <input type="checkbox"/> | <input type="checkbox"/> |

If your child needs to have an inhaler at school or carries an inhaler with him/her to school, an Asthma Action Plan with a doctor's signature is needed.)

An asthma action plan is an individualized written plan that you develop with your health care provider and school nurse. The plan gives specific instructions for early treatment of asthma symptoms as well as emergency care for severe symptoms while your child is at school. Your school nurse will provide an Asthma Action Plan to you or you can find the form at [wsd.net> departments>nurses>Health Care Plans> Asthma](http://wsd.net/departments/nurses/Health_Care_Plans/Asthma).

I give my permission for the school nurse to contact my child's physician if clarification is needed regarding any asthma medical or medication concerns. Provider name _____ Phone number _____

Parent Signature: _____ Date: _____ (required)

_____ (please initial) **No Asthma Action Plan needed, my child has not had any asthma problems or used a rescue inhaler or nebulizer in the past year. I do not feel my child needs an Asthma Health Care Action Plan at this time but I will contact the school nurse right away if anything changes.**

