

# ASTHMA QUESTIONNAIRE

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent/Guardian,

Please complete the following questions about your child's asthma and return to the school nurse. This information will help us provide your child with the best care possible while at school.

- ◆ How long has your child had asthma? \_\_\_\_\_
- ◆ Please rate the severity of his/her asthma (circle)      mild      moderate      severe
- ◆ Briefly describe your child's asthma \_\_\_\_\_  
\_\_\_\_\_
- ◆ Has your child ever been hospitalized for asthma? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- ◆ Has your child ever been hospitalized for asthma? \_\_\_\_\_ If so, when? \_\_\_\_\_  
\_\_\_\_\_
- ◆ Does your child have asthma from exercise? \_\_\_\_\_
- ◆ Does weather affect your child's asthma? Please explain: \_\_\_\_\_  
\_\_\_\_\_
- ◆ Circle all that apply: **coughs frequently**    **wheezes**    **exercise induced**    **weather induced**
- ◆ List all medications that he/she takes for asthma. How often? \_\_\_\_\_  
\_\_\_\_\_
- ◆ What does your child take when he/she has bad wheezing? \_\_\_\_\_  
\_\_\_\_\_
- ◆ Does your child use a nebulizer? \_\_\_\_\_ If so, a neb treatment can be given at school as long as we have tubing, neb cup, and mask for your child. We have a nebulizer at school. We will also need prescription nebulizer medicines along with your signature for use at school.
- ◆ Please provide us with the name of your child's asthma doctor:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_