



# Asthma Questionnaire

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Your child's Health Information Sheet indicates that your child has asthma. So that we may provide better care for your child, please answer the questions below as completely as possible:**

- At what age was your child's asthma diagnosed? \_\_\_\_\_
- Physician who treats your child's asthma: \_\_\_\_\_
- When was the last time the doctor was seen for asthma care? \_\_\_\_\_
- How severe is your child's asthma?       Mild       Moderate       Severe
- What are your child's usual symptoms during an asthma attack?
  - Excessive coughing       Other (please describe) \_\_\_\_\_
  - Shortness of breath \_\_\_\_\_
  - Wheezing \_\_\_\_\_
- What triggers your child's asthma?
  - Exercise       Illness
  - Allergies       Stress
  - Weather changes       Smoke
  - Other \_\_\_\_\_
- How often does this occur? \_\_\_\_\_
- What medication(s) is your child currently using to control or treat asthma symptoms?

Name of Medicine	Dose	Frequency

- Does your child know when he/she needs medicine?     Yes     No
- If your child uses an inhaler, is a spacer used?       Yes     No
- **Will your child need medication at school?**       Yes     No
  - All medications must be signed into the school clinic by a parent/guardian in the original, labeled box/container, and must not be expired. Inhalers must have a prescription label and spacers are strongly encouraged.
  - The clinic has a nebulizer to administer a nebulizer treatment at school, as needed. You must provide your child's own tubing, neb cup, mask, and prescribed nebulized medication, along with a prescription label.
  - Please provide an updated, signed copy of your child's asthma action plan when you sign the medication into the clinic.
- Please add any additional information that you would like for school personnel to know about your child's asthma: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_