

Check which time of year your child has the most difficulty breathing (cough, wheeze, chest tightness).

- Fall
- Winter
- Spring
- Summer
- Year Round

Check which time of day your child has the most difficulty breathing (cough, wheeze, chest tightness).

- Morning
- Afternoon
- Evening
- During the Night

Check all of the factors that trigger your child to have trouble breathing, wheeze, cough, or have chest tightness.

- Respiratory infections
- Sinus infections
- Exercise
- Casual Activity
- Vigorous Activity
- Strong smells or Perfumes
- Tobacco Smoke
- Weather Changes
- Cold Air
- Excitement (laughing, crying)
- Allergens If yes, which ones _____
- Animals If yes, which ones _____
- Food If yes, which ones _____
- Specific locations like school If yes, which ones? _____
- Other _____

Check how often your child uses the rescue inhaler/nebulizer (for example Albuterol, Xopenex, Maxair)

- Rarely
- Before exercise
- Only with colds
- # of times per month _____
- # of times per week _____
- # of times per day _____

How often do you refill your child's rescue inhaler?

- Weekly
- Monthly
- Every 6 months
- Yearly
- Other _____

How often does the child awaken at night due to difficulty breathing, coughing, or wheezing?

- Rarely
- Only with colds or when sick
- # of times per month _____
- # of times per week _____
- # of times per night _____

How often does your child limit activity due to trouble breathing, coughing, tight chest, or wheezing?

- Rarely
- Only with colds or when sick
- # of times per month _____
- # of times per week _____
- # of times per day _____

Please list medications your child has been on but is currently not taking.

- Albuterol inhaler or nebulizer
- Others

How many times in the last year has your child:

- Received oral steroids (Prednisone, Orapred, Medrol, Prelone) for trouble breathing, coughing, chest tightness, or wheezing? _____
- Gone to the doctor for an urgent visit for asthma? _____
- Gone to the emergency room for asthma? _____
- Stayed overnight in the hospital? _____
- Missed school due to asthma/illness? _____

Has your child ever been to the intensive care unit for asthma? Yes No

Has your child ever had to have a breathing tube due to asthma? Yes No

Does your child have a peak flow meter? Yes No

If "yes" what is the usual reading? _____

Does your child have an asthma action plan with green, yellow, & red zones? Yes No

Does your child have the following allergies?

Animals Yes No Suspect allergies but never have been tested

If "yes" which ones? _____

Seasonal (hayfever) Yes No Suspect allergies but never have been tested

If "yes" which ones? _____

Food Yes No Suspect allergies but never have been tested

If "yes" which ones? _____

Does your child have a history of eczema? Yes No

Does your child have a history of the following:

Sinus problems Yes No

Nasal Congestion Yes No

Headaches Yes No

Post nasal drip Yes No

Does your child have a history of the following?

Reflux or Burping Yes No

Frequent Stomach Aches Yes No

Chest Pain Yes No

Which best describes where the child lives?

Apartment House Mobile Home/Trailer Basement

Which best describes how you heat your home?

Forced Air Wood stove Oven Radiator Electric Heat

Which best describes how you cool your home?

Air conditioning Swamp Cooler Open windows

Check the following environmental exposures your child encounters:

Mold/ musty smell

Animals Cats Dogs Birds Other _____

Tobacco Smoke

Dust

Daycare/School

Siblings

Family history of Asthma?

Mother

Father

Brother

Sister

Maternal grandmother

Maternal grandfather

Paternal grandmother

Paternal grandfather

Other _____

Thank you for completing this questionnaire.