

Asthma Questionnaire

Student Name _____ Grade _____

Teacher _____

Doctor _____ Phone Number _____

1. What triggers your child's asthma or makes it worse?

_____ Smoke

_____ Chalk/chalk dust

_____ Animals/pets

_____ Strong smells/perfume

_____ Dust

_____ Stress or emotional upsets

_____ Grass/flowers

_____ Changes in weather/ very cold or hot air

_____ Mold

_____ Exercise, sports, or playing hard

2. Does your child have a written Asthma Action Plan? _____

3. Does your child use a peak flow meter (something he/she blows into to check lung function?) _____

4. If your child uses a peak flow meter, what is the best peak flow number? _____

5. How well does your child take his/her asthma medications?

_____ Can take medicine by self

_____ Needs help taking medicine

_____ Forgets to take medicine

_____ Not using medicine now

6. Does your child usually use a spacer with inhaler use? _____

7. During the past year has your child's asthma ever stopper him/her from taking part in sports, recess, physical education or other school activities? _____