

Parent/Guardian Asthma Questionnaire (PQ) Asthma Severity Rating Instructions

- 1) Score questions 8. and 9. as follows:

M.I. = Mild Intermittent; Mi.P. = Mild Persistent; Mo.P. = Moderate Persistent; S.P. = Severe Persistent]

Find the Severity Assessment box at the bottom of the questionnaire form

<u>For office use only:</u> <u>Student Symptom</u>	
<u>everity</u>	
<u>assessment:</u>	
8. _____	Mi. _____
	Mi. P. _____
9. _____	Mo.P. _____
	S.P. _____

- 2) For 8., under frequency of symptoms, score as follows:

- if the 1st box is checked, write M.I. after 8. _____ in the “For Office Use Only” box
- if the 2nd box is checked, write Mi.P after 8. _____ in the “For Office Use Only” box
- if the 3rd box if checked, write Mo.P. after 8. _____ in the “For Office Use Only” box
- if the 4th box is checked, write S.P. after 8. _____ in the “For Office Use Only” box

- 3) For 9., score as follows:

- if the 1st box is checked, write M.I. after 9. _____ in the “For Office Use Only” box
- if the 2nd box is checked, write Mi.P after 9. _____ in the “For Office Use Only” box
- if the 3rd box if checked, write Mo.P. after 9. _____ in the “For Office Use Only” box
- if the 4th box is checked, write S.P. after 9. _____ in the “For Office Use Only” box

- 4) Look at the severity assessment for 8. _____ and 9. _____ and choose the more severe of the two assessments. For example, if the score for 8. Was Mi.P. and the score for 9. Was Mo.P., you would estimate that according to the child’s symptoms, he/she currently has symptoms consistent with Moderate Persistent Asthma. Check the severity assessment line to indicate the student’s asthma severity.