

Student Breathing/Asthma Questionnaire

F14



Name _____ Grade _____ ID # _____ Date _____

1. In the **PAST MONTH**:

A. Have you heard **wheezing** in your chest when you breathe? Yes No

B. Have you had a hard time coughing, breathing or wheezing in the **daytime**? Yes No

If yes, **how often** do you have a hard time with coughing, breathing or wheezing?

- Two times a week or less Every day (at least once every day)
 More than two times a week Constantly (all of the time every day)

C. **When** have you had a hard time with coughing, breathing or wheezing?

- In the classroom? At recess?
 When you are outside? After school?
 In Gym / Physical Education class? At home?

D. Do you ever wake up at **night** with coughing, wheezing, or a hard time breathing? Yes No

If yes, **how often** do you wake up with coughing, wheezing, or breathing problems?

- Two times a month or less More than 2 times a week
 More than two times a month Every night

E. Have you coughed or had a hard time breathing after being around **asthma triggers** such as:

(Check all that apply)

- Smoke Chalk / chalk dust
 Animals / pets Strong smells / perfume
 Dust / dustmites Foods (which ones: _____)
 Cockroaches Having a cold
 Grass / flowers Stress or emotional upsets
 Mold Changes in weather / very cold or hot air

F. Have you felt **scared** or **worried** about having problems breathing? Yes No

If yes, did you talk about it with someone? Yes No

2. A. Do you smoke? Yes No Sometimes
B. Do your friends smoke? Yes No Sometimes
C. Does anyone smoke at home? Yes No Sometimes

3. **What do you do** when you have breathing problems?

- Stop and rest Tell an adult Take my quick-relief inhaler
 Drink something Call my mom or dad Do deep slow breathing
 Tell a friend Call my doctor or nurse Go to the emergency room or hospital

4. Do you take any **medication** for your asthma/breathing problems? Yes No Sometimes

A. If yes or sometimes, when do you take it? (Check all that apply)

- When I cough or have breathing problems
 Before recess, physical education class, or sports
 Every day, even when I am feeling well, to prevent asthma symptoms

B. List the **name** of your inhalers or medicines, or **what do they look like** (what color, size).

C. How often do you take your inhalers or medicines?

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D. If yes or sometimes, when do you take it? (Check all that apply)

- When I cough or have breathing problems
- Before recess, physical education class, or sports
- Every day, even when I am feeling well, to prevent asthma symptoms

E. List the **name** of your inhalers or medicines, or **what do they look like** (what color, size).

F. How often do you take your inhalers or medicines?

5. Do you use a **spacer** (tube that attaches to inhaler) with your inhaler? Yes No Sometimes

6. Do you use a **Peak Flow meter** (thing you blow into to check lungs)? Yes No Sometimes

7. A. Where do you usually go to take care of your asthma? _____

B. When was the last time you were there? _____

8. Do you have **one main doctor or nurse practitioner** who usually checks your asthma? Yes No

9. **If you have problems** with your breathing:

A. Do you ever have a hard time getting to the doctor / clinic if you need to go?

Yes No

B. Is there a working telephone at home to call the doctor / clinic?

Yes No

If yes, what is your **phone number**? _____

10. In the **last year**, have you:

A. Stayed overnight in the **Hospital** because of breathing problems or asthma?

B. Gone to the **emergency room** because of breathing problems or asthma?

C. Gone to the **clinic** because of breathing problems or asthma?

11. How many days of school have you missed **this school year** because of asthma or breathing problems?

- 0 days
- 1 – 2 days
- 3 – 5 days
- 6 – 9 days
- 10 – 14 days
- 15 or more days

Form reviewed and/or discussed with student. _____
Signature of LSN _____ Date _____

Thank You!

For office use only:	<u>Student Symptom Severity assessment:</u>
1 B. _____	Mi. _____
	Mi. P. _____
1 D. _____	Mo.P. _____
	S.P. _____

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