APPENDIX B

CHILD INFORMATION

CHILD'S NAME_____ AGE _____

Parent's name _____

This questionnaire asks lots of questions about your child's condition. Please answer the best you can, even though you may contradict yourself in places. It's all right. We'll get the idea of your child's health through all of this.

Age when child was diagnosed with asthma _____
Age when symptoms began:_____
Who made the diagnosis? _____
How did this occur? _____
_____
_____
_____
_____

Course of asthma:
_____
_____
_____
_____
_____
_____

What are your child's triggers? _____
_____
_____

Child's symptoms? _____
_____
_____
_____
_____

What medications is your child taking, how much and how often?
_____ _____
_____ _____
_____ _____

(Step)
Your child's daytime symptoms are:
□ None □ 2 days a week or less
□ greater than twice a week
□ daily □ continual

Your child's night time symptoms are:
□ none □ 2 nights or less a month
□ more than 2 nights a month
□ more than once a week □ frequent

How many doctor visits for asthma in the last 6 months? ____
How many Emergency Room visits in the last 6 months? _____
How many hospitalizations in the last 6 months?___
Total days? ____
How many times did your child use oral steroids in the last 6 months?___ Total days___
Days absent from school or housebound last 6 months? _____
Wheezes with exercise? □ never □ sometimes □ frequently
□ almost always □ always _____
Child's overall health (A-F): _____
Child's overall energy level (A-F): _____

(Monitor)
Please check ONE answer for each the the questions.

1. In the past 4 weeks, how much of the time did your child's asthma keep him/her from getting much done at school or at home? ___
   - □ none of the time
   - □ a little of the time
   - □ some of the time
   - □ most of the time
   - □ all of the time

2. During the past 4 weeks, how often has your child had shortness of breath? ___
   - □ not at all
   - □ once or twice a week
   - □ 3-6 times a week
   - □ once a day
   - □ more than once a day

3. During the past 4 weeks, how often did your child's asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning? ___
   - □ not at all
   - □ once or twice
   - □ once a week
   - □ 2 to 3 times a week
   - □ 4 or more nights a week

4. During the past 4 weeks, how often has your child used the rescue inhaler or nebulizer medication (such as albuterol)? ___
   - □ not at all
   - □ once a week or less
   - □ a few times a week
   - □ 1 or 2 times a week
   - □ 3 or more times a week

5. How would you rate your child's asthma control during the past 4 weeks? ___
   - □ completely controlled
   - □ well controlled
   - □ somewhat controlled
   - □ poorly controlled
   - □ not controlled at all