Daleville Community Schools
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Asthma Questionnaire

Date _____

Printed Name of Student _____ Grade _____

Printed Name of Parent (Guardian) _____

We are requesting the following information to help the school best help your child in the event of an asthma attack. Answer the questions to the best of your ability. If you desire a conference with the school nurse, please call for an appointment.

If the school feels your child's asthma needs more medical attention than we can give, we will make medical arrangements in the best interest of your child's health.

1. How long has your child had asthma? _____

2. Rate severity of his/her asthma (*circle number*)
   (*less severe*) 0 1 2 3 4 5 6 7 8 9 10 (*more severe*)

3. How many school days did he/she miss due to asthma last year?_____

4. What triggers your child's asthma? Please check all that apply.
   ___illness ___emotions ___medications ___foods
   ___weather ___exercise ___smoke ___chemical odors
   ___fatigue ___animals ___dust
   ___allergies (please list) _____
   ___other (please list) _____
   _____

5. What does your child do at home to relieve wheezing during an asthma attack?
   Check all that apply.
   ___breathing exercise takes medication: ___inhaler ___nebulizer ___oral med
   ___rest/relaxation
   ___drinks liquids
   ___other (please list) _____
   _____
   _____

6. What medication(s) does your child take and how often?

   Daily _____

   For wheezing _____

   Before exercise _____

7. Will your child need to take medicine while at school? _____

   If yes please fill out a medication permission slip and turn it in with your child's medicine.

8. Do you know what your child's baseline peak flow rate is? Yes ___ No ___ Rate _____

9. Do you think your child holds back from activities because of his/her asthma? _____

10. If your child suffers an attack during school, what plan of action would you prefer school personnel to take?

    _____

    _____

    _____

    _____

Printed Name of Family Physician _____

Phone Number of Family Physician _____

Parent Signature _____ Date _____