Photocopy Guide Edge

Asthma Assessment Questionnaire For Your Child

Please answer all of the questions. This information is helpful in evaluating your child's asthma.

Child's Name: ______________________ Age: _____ Date: __________

Yes No

1. History of Coughing. My child:

☐ ☐ a. wakes up in the morning with a cough. If yes, check
☐ Every morning ☐ Once a week ☐ Once a month
☐ 2 or more times a week ☐ 2 or more times a month

☐ ☐ b. coughs throughout the morning.

☐ ☐ c. coughs throughout the afternoon.

☐ ☐ d. coughs throughout the day.

☐ ☐ e. is awakened at night by coughing. If yes, check
☐ Every night ☐ Once a week ☐ Once a month
☐ 2 or more times a week ☐ 2 or more times a month

2. History of Wheezing (high-pitched, whistling sound when breathing out). My child:

☐ ☐ a. wheezes, or complains of shortness of breath or chest tightness when he/she wakes up in the morning. If yes, check
☐ Every morning ☐ Once a week ☐ Once a month
☐ 2 or more times a week ☐ 2 or more times a month

☐ ☐ b. wheezes throughout the morning.

☐ ☐ c. wheezes throughout the afternoon.

☐ ☐ d. wheezes throughout the day.

☐ ☐ e. wakes up wheezing or short of breath during the night. If yes, check
☐ Every night ☐ Once a week ☐ Once a month
☐ 2 or more times a week ☐ 2 or more times a month

☐ ☐ f. uses an inhaler or nebulizer to relieve early morning or nighttime symptoms. If yes, check
☐ Every morning/night ☐ Once a week ☐ Once a month
☐ 2 or more times a week ☐ 2 or more times a month

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Yes No

3. My child coughs, wheezes or gets short of breath when he/she:

☐ ☐ a. has a cold.

☐ ☐ b. is not sick.

☐ ☐ c. plays or runs. If yes, check what applies. This occurs:
- ☐ during playing or running.
- ☐ after playing or running.

☐ ☐ d. is around tobacco or wood smoke.

☐ ☐ e. is in a room where carpets are being vacuumed.

☐ ☐ f. is in a damp basement.

☐ ☐ g. is around furry animals or birds.

4. My child is more likely to wheeze when:

☐ ☐ a. it is a particular time of year. Circle all that apply.

Fall Spring Winter Summer

☐ ☐ b. he/she goes into cold air.

☐ ☐ c. the weather changes.

☐ ☐ **5. Do you have animals in or near your home?**

If yes, circle all that apply:

Cats	Gerbils	Birds	Horses	Sheep
Dogs	Hamsters	Mice	Chickens	Ducks
Rabbits	Guinea pigs	Rats	Cattle	Ferrets

☐ ☐ a. If there are pets in your home, do they live or sleep in your child's bedroom?

☐ ☐ **6. Do one or both parents have allergies and/or asthma?**

☐ ☐ **7. Do you or other family members smoke cigarettes, a pipe, or cigars?**

☐ ☐ **8. Does your child have quick, easy access to his/her quick-relief medicine at school or in childcare?**

My child uses these medicines:

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